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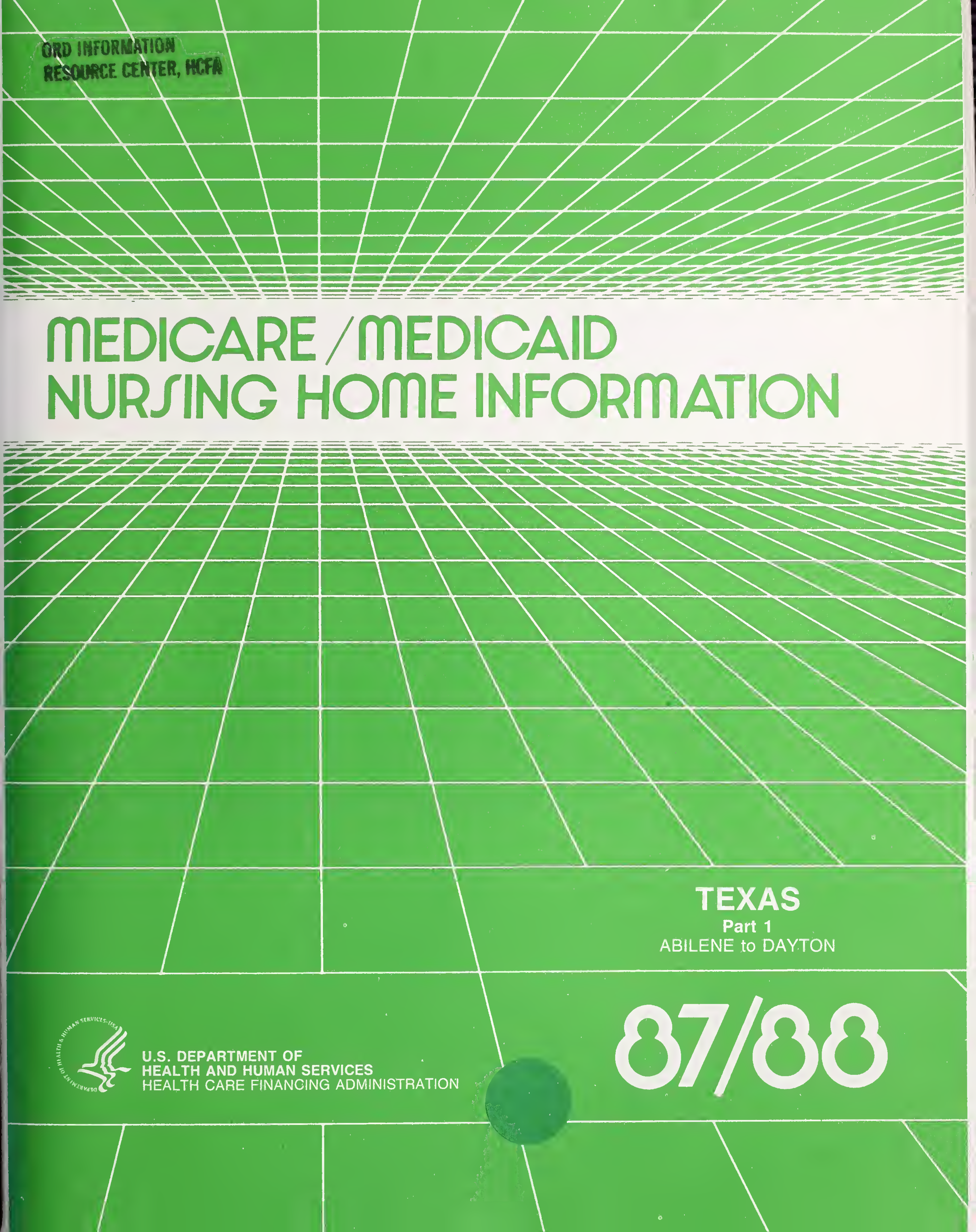
RESOURCE CENTER, HCFA



MEDICARE / MEDICAID NURSING HOME INFORMATION

TEXAS

Part 1

ABILENE to DAYTON

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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1988
Texas
Pt.1

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

TEXAS

Part 1

ABILENE TO DAYTON

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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Washington, DC 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

Texas Department of Health

Robert Bernstein, M.D., F.A.C.P.
Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111

Robert A. MacLean, M.D.
Deputy Commissioner
Professional Services

Hermas L. Miller
Deputy Commissioner
Management and Administration

TEXAS LONG TERM CARE INSPECTION SYSTEM

- Overview of nursing home licensure program: Texas has had nursing home licensure since 1953 to assure safe and adequate treatment of individuals in institutions. This program is administered by the Bureau of Long Term Care with inspection personnel located in 25 offices throughout the state. Field offices are under the Regional Medical Director. Generally two major unannounced visits are conducted annually. Licensure activities and Medicare/Medicaid visits are conducted simultaneously.

- Overview of enforcement systems: The licensing agency through the licensure law and Medicare/Medicaid systems may select any number of remedies when deficiencies are noted. The specific action taken is based on findings and professional decisions as to the required remedy. Enforcement options include:

  - Citation of the violation
  - Administrative penalty for selected violations - monetary fine.
  - Withholding of Medicaid funds
  - Denial of certification for Medicare/Medicaid participation
  - Court appointed trustee to assume facility operation
  - Closure of facility and relocation of patients

- Resources: The Texas Department of Health, Bureau of Long Term Care maintains an information service toll-free hotline for individuals to register complaints, request inspection reports, request general information, or seek assistance in any matter relating to nursing homes. This telephone is manned during regular work hours and is on a recorder at other times.

  The toll free number is 1-800-252-9106 and the regular phone number is 512-458-7706.

  The State Ombudsman program is located in the Texas Department on Aging. Mr. John Willis is the State Ombudsman and his address is: Texas Department on Aging, P.O. Box 12786, Austin, Texas 78711, phone number 512-444-2727.

Medicaid fraud and abuse of funds claims are investigated by the Texas Department of Human Services, the Medicaid agency. They may be contacted at: Ms. Sharon E. Thompson, Medicaid Fraud Investigation Coordinator, Texas Department of Human Services, P.O. Box 2960, Austin, Texas 78769, phone number 512-338-6562.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VIII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore.**

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary—A nursing home operated for profit.

Government—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1—Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
ABILENE CONVALESCENT CENTER

Street Address: 2630 OLD ANSON RD	**City and State:** ABILENE TX 79603

Participation: MEDICAID ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	90.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	48	64.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	34	45.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	42.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	45.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	18.7	31.6	29.3
Completely bedfast residents.	2	2.7	10.4	3.6
Residents confined to chairs.	39	52.0	46.1	39.1
Residents requiring restraints.	20	26.7	31.7	31.7
Confused or disoriented residents.	30	40.0	59.0	55.8
Residents with bed sores.	4	5.3	5.1	4.7
Residents receiving special skin care.	15	20.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE INN OF ABILENE

Street Address: 4934 S 7TH ST	**City and State:** ABILENE TX 79605

Participation: MEDICAID ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	96.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	61	75.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	51	63.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	63.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	65.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	25.9	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	41	50.6	46.1	39.1
Residents requiring restraints.	28	34.6	31.7	31.7
Confused or disoriented residents.	34	42.0	59.0	55.8
Residents with bed sores.	4	4.9	5.1	4.7
Residents receiving special skin care.	20	24.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORONADO NURSING CENTER

Street Address: 1751 NORTH 15TH STREET	**City and State:** ABILENE TX 79603

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 235	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 201	**Medicare Residents:** 7	**Medicaid Residents:** 154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	189	94.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	178	88.6	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	126	62.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	81.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	57.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	67	33.3	42.2	37.7
Completely bedfast residents.	22	10.9	13.5	3.4
Residents confined to chairs.	122	60.7	52.2	50.8
Residents requiring restraints.	85	42.3	39.0	41.3
Confused or disoriented residents.	84	41.8	60.2	58.4
Residents with bed sores.	11	5.5	8.5	7.1
Residents receiving special skin care.	30	14.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HENDRICK MEDICAL CENTER

Street Address: 1242 NORTH 19TH STREET		**City and State:** ABILENE TX 79601	
Participation: MEDICARE SNF	**# of Beds:** 21	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
9	8	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	88.9	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	9	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	8	88.9	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	22.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	11.1	42.2	37.7
Completely bedfast residents.	2	22.2	13.5	3.4
Residents confined to chairs.	6	66.7	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	1	11.1	60.2	58.4
Residents with bed sores.	1	11.1	8.5	7.1
Residents receiving special skin care.	1	11.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RADFORD HILLS CONVALESCENT CENTER

Street Address: 725 MEDICAL DRIVE	**City and State:** ABILENE TX 79601

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	57.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	60	63.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	63	66.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	58.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	52.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	18.9	31.6	29.3
Completely bedfast residents.	17	17.9	10.4	3.6
Residents confined to chairs.	46	48.4	46.1	39.1
Residents requiring restraints.	11	11.6	31.7	31.7
Confused or disoriented residents.	37	38.9	59.0	55.8
Residents with bed sores.	6	6.3	5.1	4.7
Residents receiving special skin care.	6	6.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEARS MEM METHODIST CENTER

Street Address: 3202 S WILLIS ST	**City and State:** ABILENE TX 79605

Participation: MEDICAID ICF	**# of Beds:** 159	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	54.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	51	54.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	51	54.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	54.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	43.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	43	45.7	31.6	29.3
Completely bedfast residents.	2	2.1	10.4	3.6
Residents confined to chairs.	45	47.9	46.1	39.1
Residents requiring restraints.	43	45.7	31.7	31.7
Confused or disoriented residents.	2	2.1	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADY OAKS MANOR 1

Street Address: 2722 OLD ANSON ROAD		**City and State:** ABILENE TX 79603	
Participation: MEDICAID ICF	**# of Beds:** 114	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	95.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	58	90.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	50	78.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	65.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	75.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	31.3	31.6	29.3
Completely bedfast residents.	33	51.6	10.4	3.6
Residents confined to chairs.	14	21.9	46.1	39.1
Residents requiring restraints.	13	20.3	31.7	31.7
Confused or disoriented residents.	34	53.1	59.0	55.8
Residents with bed sores.	6	9.4	5.1	4.7
Residents receiving special skin care.	16	25.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLUEBONNET NURSING HOME

Street Address: P O BOX 608		**City and State:** ALBANY TX 76430	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	80.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	39	86.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	33	73.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	64.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	53.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	8.9	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	26.7	31.6	29.3
Completely bedfast residents.	1	2.2	10.4	3.6
Residents confined to chairs.	31	68.9	46.1	39.1
Residents requiring restraints.	10	22.2	31.7	31.7
Confused or disoriented residents.	13	28.9	59.0	55.8
Residents with bed sores.	3	6.7	5.1	4.7
Residents receiving special skin care.	9	20.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY HOUSE INC

Street Address: 219 NORTH KING STREET BOX 1458		**City and State:** ALICE TX 78332	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 4	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	103	83.7	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	93	75.6	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	75.6	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	72.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	40.7	42.2	37.7
Completely bedfast residents.	16	13.0	13.5	3.4
Residents confined to chairs.	73	59.3	52.2	50.8
Residents requiring restraints.	89	72.4	39.0	41.3
Confused or disoriented residents.	85	69.1	60.2	58.4
Residents with bed sores.	7	5.7	8.5	7.1
Residents receiving special skin care.	14	11.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RETAMA MANOR NURSING CENTER ALICE

Street Address: 606 COYOTE TRAIL	**City and State:** ALICE TX 78332

Participation: MEDICAID ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	83.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	61.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	55.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	49.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	55.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	7	8.4	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	24.1	31.6	29.3
Completely bedfast residents.	3	3.6	10.4	3.6
Residents confined to chairs.	41	49.4	46.1	39.1
Residents requiring restraints.	13	15.7	31.7	31.7
Confused or disoriented residents.	32	38.6	59.0	55.8
Residents with bed sores.	5	6.0	5.1	4.7
Residents receiving special skin care.	17	20.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY STAR NURSING HOME

Street Address: 1003 LOOP RD	**City and State:** ALPINE TX 79830

Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	57.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	26	61.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	25	59.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	73.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	59.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	9.5	31.6	29.3
Completely bedfast residents.	2	4.8	10.4	3.6
Residents confined to chairs.	25	59.5	46.1	39.1
Residents requiring restraints.	13	31.0	31.7	31.7
Confused or disoriented residents.	25	59.5	59.0	55.8
Residents with bed sores.	4	9.5	5.1	4.7
Residents receiving special skin care.	8	19.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARRIAGE PARK NURSING CENTER

Street Address: 305 MAGGIE SESSIONS	**City and State:** ALTO TX 75925

Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 0	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	3	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	3	100	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	33.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	33.3	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	31.6	29.3
Completely bedfast residents.	1	33.3	10.4	3.6
Residents confined to chairs.	0	0.0	46.1	39.1
Residents requiring restraints.	1	33.3	31.7	31.7
Confused or disoriented residents.	1	33.3	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	33.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALVARADO NURSING HOME

Street Address: 100 N PARKWAY	**City and State:** ALVARADO TX 76009

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	65.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	50	83.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	48	80.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	70.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	31.7	42.2	37.7
Completely bedfast residents.	4	6.7	13.5	3.4
Residents confined to chairs.	36	60.0	52.2	50.8
Residents requiring restraints.	24	40.0	39.0	41.3
Confused or disoriented residents.	44	73.3	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	21	35.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALVIN CONVALESCENT CENTER

Street Address: 416 NORTH SHIRLEY STREET	**City and State:** ALVIN TX 77511

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	93.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	73	78.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	61	65.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	63.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	41.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	24.7	31.6	29.3
Completely bedfast residents.	15	16.1	10.4	3.6
Residents confined to chairs.	48	51.6	46.1	39.1
Residents requiring restraints.	45	48.4	31.7	31.7
Confused or disoriented residents.	50	53.8	59.0	55.8
Residents with bed sores.	7	7.5	5.1	4.7
Residents receiving special skin care.	20	21.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINCHESTER LODGE

Street Address: 1112 SMITH DRIVE		**City and State:** ALVIN TX 77511	
Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	73.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	60	83.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	48	66.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	61.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	54.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	57	79.2	31.6	29.3
Completely bedfast residents.	22	30.6	10.4	3.6
Residents confined to chairs.	21	29.2	46.1	39.1
Residents requiring restraints.	31	43.1	31.7	31.7
Confused or disoriented residents.	40	55.6	59.0	55.8
Residents with bed sores.	5	6.9	5.1	4.7
Residents receiving special skin care.	25	34.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMARILLO GOOD SAMARITAN RETIREMENT CTR

Street Address: 2200 WEST 7TH STREET		**City and State:** AMARILLO TX 79106	
Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
52	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	80.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	36	69.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	28	53.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	63.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	46.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.2	31.6	29.3
Completely bedfast residents.	9	17.3	10.4	3.6
Residents confined to chairs.	25	48.1	46.1	39.1
Residents requiring restraints.	6	11.5	31.7	31.7
Confused or disoriented residents.	11	21.2	59.0	55.8
Residents with bed sores.	1	1.9	5.1	4.7
Residents receiving special skin care.	2	3.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMARILLO NURSING CENTER

Street Address: 4033 W 51ST	**City and State:** AMARILLO TX 79109

Participation: MEDICAID ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	61.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	65.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	60.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	59.3	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	57.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.6	31.6	29.3
Completely bedfast residents.	13	14.3	10.4	3.6
Residents confined to chairs.	48	52.7	46.1	39.1
Residents requiring restraints.	21	23.1	31.7	31.7
Confused or disoriented residents.	43	47.3	59.0	55.8
Residents with bed sores.	3	3.3	5.1	4.7
Residents receiving special skin care.	8	8.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIVINS MEMORIAL NH

Street Address: 1001 WALLACE BLVD		**City and State:** AMARILLO TX 79106	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
134	5	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	97.8	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	121	90.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	109	81.3	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	79.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	83.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	31.3	42.2	37.7
Completely bedfast residents.	15	11.2	13.5	3.4
Residents confined to chairs.	83	61.9	52.2	50.8
Residents requiring restraints.	32	23.9	39.0	41.3
Confused or disoriented residents.	74	55.2	60.2	58.4
Residents with bed sores.	6	4.5	8.5	7.1
Residents receiving special skin care.	8	6.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRYANWOOD CARE CENTER

Street Address: 2423 LINE AVENUE	**City and State:** AMARILLO TX 79106

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	97.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	57	85.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	37	55.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	85.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	67.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	37	55.2	31.6	29.3
Completely bedfast residents.	2	3.0	10.4	3.6
Residents confined to chairs.	29	43.3	46.1	39.1
Residents requiring restraints.	19	28.4	31.7	31.7
Confused or disoriented residents.	31	46.3	59.0	55.8
Residents with bed sores.	3	4.5	5.1	4.7
Residents receiving special skin care.	6	9.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY CLUB MANOR

Street Address: 9 MEDICAL DRIVE		**City and State:** AMARILLO TX 79106	
Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	96.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	48	63.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	51	67.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	63.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	55.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	14.5	31.6	29.3
Completely bedfast residents.	12	15.8	10.4	3.6
Residents confined to chairs.	15	19.7	46.1	39.1
Residents requiring restraints.	21	27.6	31.7	31.7
Confused or disoriented residents.	43	56.6	59.0	55.8
Residents with bed sores.	7	9.2	5.1	4.7
Residents receiving special skin care.	12	15.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIZABETH JANE BIVINS HME FOR THE AGED

Street Address: 3115 TEE ANCHOR BLVD	**City and State:** AMARILLO TX 79104

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	NON-PROFIT OTHER	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	15.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	7	21.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	3	9.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	3.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	43.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	0	0.0	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	0	0.0	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	3.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGIA MANOR NURSING HOME

Street Address: 2611 SW 46TH ST	**City and State:** AMARILLO TX 79110

Participation: MEDICAID ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	97.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	35	81.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	38	88.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	79.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	81.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	27.9	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	39	90.7	46.1	39.1
Residents requiring restraints.	19	44.2	31.7	31.7
Confused or disoriented residents.	28	65.1	59.0	55.8
Residents with bed sores.	5	11.6	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE CARE CENTER

Street Address: 1601 KIRKLAND	**City and State:** AMARILLO TX 79106

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	90.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	57	66.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	50	58.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	79.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	59.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	17	19.8	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	33.7	31.6	29.3
Completely bedfast residents.	3	3.5	10.4	3.6
Residents confined to chairs.	35	40.7	46.1	39.1
Residents requiring restraints.	15	17.4	31.7	31.7
Confused or disoriented residents.	36	41.9	59.0	55.8
Residents with bed sores.	22	25.6	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE CONVALESCENT CENTER

Street Address: 1009 CLYDE STREET		**City and State:** AMARILLO TX 79106	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 3	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	92.5	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	89	83.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	85	79.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	78.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	81.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	44.9	42.2	37.7
Completely bedfast residents.	44	41.1	13.5	3.4
Residents confined to chairs.	30	28.0	52.2	50.8
Residents requiring restraints.	49	45.8	39.0	41.3
Confused or disoriented residents.	58	54.2	60.2	58.4
Residents with bed sores.	15	14.0	8.5	7.1
Residents receiving special skin care.	23	21.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLSEN MANOR NURSING HOME

Street Address: 3350 OLSEN		**City and State:** AMARILLO TX 79109	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathching				
Residents requiring some or total assistance in bathing.	49	96.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	100	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	76.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	78.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	52.9	31.6	29.3
Completely bedfast residents.	5	9.8	10.4	3.6
Residents confined to chairs.	12	23.5	46.1	39.1
Residents requiring restraints.	9	17.6	31.7	31.7
Confused or disoriented residents.	8	15.7	59.0	55.8
Residents with bed sores.	4	7.8	5.1	4.7
Residents receiving special skin care.	5	9.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAINT ANTHONYS HOSPITAL SNF UNIT

Street Address: 200 N W 7TH		**City and State:** AMARILLO TX 79107	
Participation: MEDICARE SNF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	12	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	64.3	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	14	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	13	92.9	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	100	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	21.4	42.2	37.7
Completely bedfast residents.	2	14.3	13.5	3.4
Residents confined to chairs.	1	7.1	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	4	28.6	60.2	58.4
Residents with bed sores.	2	14.3	8.5	7.1
Residents receiving special skin care.	3	21.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIDA NUEVA CARE CENTER

Street Address: 1931 MEDI-PARK DR		**City and State:** AMARILLO TX 79106	
Participation: MEDICAID ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	81.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	69.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	46	61.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	57.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	49.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	40	53.3	31.6	29.3
Completely bedfast residents.	15	20.0	10.4	3.6
Residents confined to chairs.	20	26.7	46.1	39.1
Residents requiring restraints.	22	29.3	31.7	31.7
Confused or disoriented residents.	38	50.7	59.0	55.8
Residents with bed sores.	1	1.3	5.1	4.7
Residents receiving special skin care.	18	24.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VIVIANS NH

Street Address: 508 NORTH TAYLOR		**City and State:** AMARILLO TX 79107	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
51	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	80.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	82.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	90.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	80.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	90.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	45.1	31.6	29.3
Completely bedfast residents.	13	25.5	10.4	3.6
Residents confined to chairs.	29	56.9	46.1	39.1
Residents requiring restraints.	4	7.8	31.7	31.7
Confused or disoriented residents.	39	76.5	59.0	55.8
Residents with bed sores.	2	3.9	5.1	4.7
Residents receiving special skin care.	2	3.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTCLIFF MANOR NURSING HOME

Street Address: 5601 PLUM CREEK DRIVE		**City and State:** AMARILLO TX 79124	
Participation: MEDICARE SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	3	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	73.8	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	53	81.5	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	39	60.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	60.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	58.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	21.5	42.2	37.7
Completely bedfast residents.	14	21.5	13.5	3.4
Residents confined to chairs.	22	33.8	52.2	50.8
Residents requiring restraints.	18	27.7	39.0	41.3
Confused or disoriented residents.	19	29.2	60.2	58.4
Residents with bed sores.	5	7.7	8.5	7.1
Residents receiving special skin care.	8	12.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMHERST MANOR

Street Address: 700 MAIN ST	**City and State:** AMHERST TX 79312

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	54.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	11	45.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	13	54.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	95.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	58.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.8	31.6	29.3
Completely bedfast residents.	1	4.2	10.4	3.6
Residents confined to chairs.	6	25.0	46.1	39.1
Residents requiring restraints.	10	41.7	31.7	31.7
Confused or disoriented residents.	11	45.8	59.0	55.8
Residents with bed sores.	2	8.3	5.1	4.7
Residents receiving special skin care.	5	20.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE ANAHUAC

Street Address: DRAWER W FRONT STREET	**City and State:** ANAHUAC TX 77514

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 1	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	86.3	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	38	74.5	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	39	76.5	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	72.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	76.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	3.9	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	19.6	42.2	37.7
Completely bedfast residents.	1	2.0	13.5	3.4
Residents confined to chairs.	32	62.7	52.2	50.8
Residents requiring restraints.	16	31.4	39.0	41.3
Confused or disoriented residents.	25	49.0	60.2	58.4
Residents with bed sores.	4	7.8	8.5	7.1
Residents receiving special skin care.	13	25.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANDREWS CARE CENTER

Street Address: 620 HOSPITAL DRIVE	**City and State:** ANDREWS TX 79714

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	45.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	62	70.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	88	100	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	79.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	33.0	31.6	29.3
Completely bedfast residents.	8	9.1	10.4	3.6
Residents confined to chairs.	52	59.1	46.1	39.1
Residents requiring restraints.	24	27.3	31.7	31.7
Confused or disoriented residents.	33	37.5	59.0	55.8
Residents with bed sores.	7	8.0	5.1	4.7
Residents receiving special skin care.	10	11.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANGLETON DANBURY CONV CTR

Street Address: 135 ONE HALF HOSPITAL DR	**City and State:** ANGLETON TX 77515

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	104	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	29.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	67	79.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	55	65.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	54.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	48.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	13.1	31.6	29.3
Completely bedfast residents.	24	28.6	10.4	3.6
Residents confined to chairs.	30	35.7	46.1	39.1
Residents requiring restraints.	43	51.2	31.7	31.7
Confused or disoriented residents.	33	39.3	59.0	55.8
Residents with bed sores.	14	16.7	5.1	4.7
Residents receiving special skin care.	25	29.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY VILLAGE CARE INC

Street Address: 721 WEST MULBERRY		**City and State:** ANGLETON TX 77515	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	75.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	71	71.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	63	63.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	60.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	29.0	42.2	37.7
Completely bedfast residents.	16	16.0	13.5	3.4
Residents confined to chairs.	52	52.0	52.2	50.8
Residents requiring restraints.	15	15.0	39.0	41.3
Confused or disoriented residents.	51	51.0	60.2	58.4
Residents with bed sores.	2	2.0	8.5	7.1
Residents receiving special skin care.	16	16.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIARSTONE MANOR

Street Address: 125 AVENUE J		**City and State:** ANSON TX 79501	
Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	98.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	45	76.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	31	52.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	47.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	69.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.4	31.6	29.3
Completely bedfast residents.	1	1.7	10.4	3.6
Residents confined to chairs.	23	39.0	46.1	39.1
Residents requiring restraints.	14	23.7	31.7	31.7
Confused or disoriented residents.	29	49.2	59.0	55.8
Residents with bed sores.	3	5.1	5.1	4.7
Residents receiving special skin care.	3	5.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW CARE CENTER

Street Address: 101 LIBERTY LANE	**City and State:** ANSON TX 79501

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	97.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	27	81.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	23	69.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	66.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	57.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	33.3	31.6	29.3
Completely bedfast residents.	1	3.0	10.4	3.6
Residents confined to chairs.	17	51.5	46.1	39.1
Residents requiring restraints.	2	6.1	31.7	31.7
Confused or disoriented residents.	18	54.5	59.0	55.8
Residents with bed sores.	2	6.1	5.1	4.7
Residents receiving special skin care.	9	27.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARANSAS PASS NURSING & CONV CENTER

Street Address: 1661 W YOAKUM STREET	**City and State:** ARANSAS PASS TX 78336

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	90.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	18	90.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	20	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	90.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	90.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	45.0	42.2	37.7
Completely bedfast residents.	2	10.0	13.5	3.4
Residents confined to chairs.	16	80.0	52.2	50.8
Residents requiring restraints.	17	85.0	39.0	41.3
Confused or disoriented residents.	16	80.0	60.2	58.4
Residents with bed sores.	2	10.0	8.5	7.1
Residents receiving special skin care.	7	35.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARANSAS PASS NURSING CONVALESCENT CTR

Street Address: 1661 W YOAKUM ST		**City and State:** ARANSAS PASS TX 78336	
Participation: MEDICAID ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
129	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	129	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	90	69.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	73	56.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	53.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	64.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	27.9	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	50	38.8	46.1	39.1
Residents requiring restraints.	49	38.0	31.7	31.7
Confused or disoriented residents.	67	51.9	59.0	55.8
Residents with bed sores.	9	7.0	5.1	4.7
Residents receiving special skin care.	20	15.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COASTAL BEND HOSPITAL AMI

Street Address: 1771 W WHEELER	**City and State:** ARANSAS PASS TX 78336

Participation: MEDICARE SNF	**# of Beds:** 8	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 6	**Medicare Residents:** 6	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	33.3	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	3	50.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	3	50.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	50.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	33.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	33.3	42.2	37.7
Completely bedfast residents.	1	16.7	13.5	3.4
Residents confined to chairs.	1	16.7	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	1	16.7	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	0	0.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARCHER NURSING HOME

Street Address: 201 E CHESTNUT		**City and State:** ARCHER CITY TX 76351	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	80.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	35	76.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	34	73.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	63.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	80.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	41.3	31.6	29.3
Completely bedfast residents.	14	30.4	10.4	3.6
Residents confined to chairs.	16	34.8	46.1	39.1
Residents requiring restraints.	5	10.9	31.7	31.7
Confused or disoriented residents.	36	78.3	59.0	55.8
Residents with bed sores.	1	2.2	5.1	4.7
Residents receiving special skin care.	4	8.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALL SEASONS NURSING CENTER

Street Address: 301 WEST RANDOL MILL ROAD		**City and State:** ARLINGTON TX 76011	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	96.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	80	84.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	61	64.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	77.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	50.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	5	5.3	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	20.0	31.6	29.3
Completely bedfast residents.	3	3.2	10.4	3.6
Residents confined to chairs.	48	50.5	46.1	39.1
Residents requiring restraints.	29	30.5	31.7	31.7
Confused or disoriented residents.	50	52.6	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	17	17.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARLINGTON VILLA FOR SR CITIZENS INC

Street Address: 2601 W RANDOL MILL RD	**City and State:** ARLINGTON TX 76012

Participation: MEDICAID ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	79.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	87.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	74	66.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	84.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	46.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	12.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	0	0.0	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	82	73.2	59.0	55.8
Residents with bed sores.	1	0.9	5.1	4.7
Residents receiving special skin care.	1	0.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DALWORTH CARE CENTER

Street Address: 405 DUNCAN PERRY RD		**City and State:** ARLINGTON TX 76011	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
107	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	78.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	88	82.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	63	58.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	51.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	52.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	15.0	31.6	29.3
Completely bedfast residents.	1	0.9	10.4	3.6
Residents confined to chairs.	64	59.8	46.1	39.1
Residents requiring restraints.	13	12.1	31.7	31.7
Confused or disoriented residents.	33	30.8	59.0	55.8
Residents with bed sores.	4	3.7	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKHAVEN NURSING CENTER

Street Address: 1112 GIBBONS ROAD		**City and State:** ARLINGTON TX 76011	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 175	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	**Medicare Residents:** 0	**Medicaid Residents:** 109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	154	98.7	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	117	75.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	131	84.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	98.7	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	131	84.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	59	37.8	42.2	37.7
Completely bedfast residents.	4	2.6	13.5	3.4
Residents confined to chairs.	114	73.1	52.2	50.8
Residents requiring restraints.	74	47.4	39.0	41.3
Confused or disoriented residents.	76	48.7	60.2	58.4
Residents with bed sores.	11	7.1	8.5	7.1
Residents receiving special skin care.	13	8.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANDOL MILL MANOR

Street Address: 2645 W RANDOL MILL RD		**City and State:** ARLINGTON TX 76012	
Participation: MEDICAID ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	91.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	91.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	42	73.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	64.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	22.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	23	40.4	46.1	39.1
Residents requiring restraints.	14	24.6	31.7	31.7
Confused or disoriented residents.	16	28.1	59.0	55.8
Residents with bed sores.	2	3.5	5.1	4.7
Residents receiving special skin care.	18	31.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GIBSON NURSING CENTER

Street Address: 1000 N BROADWAY		**City and State:** ASPERMONT TX 79502	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	60.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	31	72.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	25	58.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	76.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	55.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	44.2	31.6	29.3
Completely bedfast residents.	3	7.0	10.4	3.6
Residents confined to chairs.	15	34.9	46.1	39.1
Residents requiring restraints.	3	7.0	31.7	31.7
Confused or disoriented residents.	23	53.5	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	2.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

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NURSING HOME PROFILE
ATHENS NH

Street Address: 305 S PALESTINE ST	**City and State:** ATHENS TX 75751

Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	90.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	72.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	74.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	69.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	67.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	27.4	31.6	29.3
Completely bedfast residents.	27	43.5	10.4	3.6
Residents confined to chairs.	16	25.8	46.1	39.1
Residents requiring restraints.	10	16.1	31.7	31.7
Confused or disoriented residents.	24	38.7	59.0	55.8
Residents with bed sores.	2	3.2	5.1	4.7
Residents receiving special skin care.	9	14.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKESIDE CONVALESCENT CENTER

Street Address: 500 VALLE VISTA ROAD		**City and State:** ATHENS TX 75751	
Participation: MEDICAID ICF	**# of Beds:** 118	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	63.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	72	69.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	64	61.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	59.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	70.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	3.8	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	36.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	67	64.4	46.1	39.1
Residents requiring restraints.	44	42.3	31.7	31.7
Confused or disoriented residents.	44	42.3	59.0	55.8
Residents with bed sores.	5	4.8	5.1	4.7
Residents receiving special skin care.	72	69.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK HIGHLANDS NH

Street Address: 711 LUCAS ST	**City and State:** ATHENS TX 75751

Participation: MEDICAID ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	53.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	81	80.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	74	73.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	50.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	67.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	29.7	31.6	29.3
Completely bedfast residents.	24	23.8	10.4	3.6
Residents confined to chairs.	15	14.9	46.1	39.1
Residents requiring restraints.	13	12.9	31.7	31.7
Confused or disoriented residents.	27	26.7	59.0	55.8
Residents with bed sores.	4	4.0	5.1	4.7
Residents receiving special skin care.	21	20.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH PLACE NURSING CTR

Street Address: RT 2 BOX 2827	**City and State:** ATHENS TX 75751

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	2	66.7	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	1	33.3	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	1	33.3	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	1	33.3	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	0	0.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE WOODLANDS NURSING CENTER

Street Address: P O BOX 1969		**City and State:** ATHENS TX 75751	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	92.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	37	66.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	37	66.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	58.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	57.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	55.4	31.6	29.3
Completely bedfast residents.	1	1.8	10.4	3.6
Residents confined to chairs.	33	58.9	46.1	39.1
Residents requiring restraints.	23	41.1	31.7	31.7
Confused or disoriented residents.	28	50.0	59.0	55.8
Residents with bed sores.	5	8.9	5.1	4.7
Residents receiving special skin care.	15	26.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE LODGE NURSING HOME

Street Address: 201 EAST 3RD ST	**City and State:** ATLANTA TX 75551

Participation: MEDICAID ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	91.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	64	78.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	53.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	93.9	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	34.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	17.1	31.6	29.3
Completely bedfast residents.	14	17.1	10.4	3.6
Residents confined to chairs.	22	26.8	46.1	39.1
Residents requiring restraints.	17	20.7	31.7	31.7
Confused or disoriented residents.	25	30.5	59.0	55.8
Residents with bed sores.	6	7.3	5.1	4.7
Residents receiving special skin care.	7	8.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE HAVEN RETREAT

Street Address: P O BOX 240	**City and State:** ATLANTA TX 75551

Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	96.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	100	96.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	75	72.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	72.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	56.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	39	37.5	31.6	29.3
Completely bedfast residents.	19	18.3	10.4	3.6
Residents confined to chairs.	36	34.6	46.1	39.1
Residents requiring restraints.	30	28.8	31.7	31.7
Confused or disoriented residents.	91	87.5	59.0	55.8
Residents with bed sores.	4	3.8	5.1	4.7
Residents receiving special skin care.	4	3.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANDERSON LANE NURSING HOME

Street Address: 7901 LAZY LN	**City and State:** AUSTIN TX 78758

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	91.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	32	68.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	25	53.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	40.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	51.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	8.5	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	27.7	31.6	29.3
Completely bedfast residents.	1	2.1	10.4	3.6
Residents confined to chairs.	20	42.6	46.1	39.1
Residents requiring restraints.	12	25.5	31.7	31.7
Confused or disoriented residents.	45	95.7	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	5	10.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUSTIN MANOR NURSING HOME

Street Address: 5413 GUADALUPE		**City and State:** AUSTIN TX 78751	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	80.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	38	66.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	29	50.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	61.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	49.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.5	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	19.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	24	42.1	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	42	73.7	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	28	49.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUSTIN NURSING CENTER INC

Street Address: 110 E LIVE OAK	**City and State:** AUSTIN TX 78704

Participation: MEDICAID ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	156	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	154	98.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	117	75.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	75.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	117	75.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	78	50.0	31.6	29.3
Completely bedfast residents.	2	1.3	10.4	3.6
Residents confined to chairs.	118	75.6	46.1	39.1
Residents requiring restraints.	45	28.8	31.7	31.7
Confused or disoriented residents.	89	57.1	59.0	55.8
Residents with bed sores.	4	2.6	5.1	4.7
Residents receiving special skin care.	12	7.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUSTINS REST HAVEN NURS HME

Street Address: 6222 N LAMAR AVE	**City and State:** AUSTIN TX 78752

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	60.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	39	84.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	24	52.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	60.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	56.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	21	45.7	46.1	39.1
Residents requiring restraints.	14	30.4	31.7	31.7
Confused or disoriented residents.	46	100	59.0	55.8
Residents with bed sores.	1	2.2	5.1	4.7
Residents receiving special skin care.	46	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARTON HEIGHTS NURSING HOME INC

Street Address: 1606 NASH AVE	**City and State:** AUSTIN TX 78704

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	85.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	46	85.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	46	85.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	85.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	85.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	37.0	31.6	29.3
Completely bedfast residents.	2	3.7	10.4	3.6
Residents confined to chairs.	39	72.2	46.1	39.1
Residents requiring restraints.	39	72.2	31.7	31.7
Confused or disoriented residents.	39	72.2	59.0	55.8
Residents with bed sores.	2	3.7	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCKNER BAPTIST MONTE SIESTA HOME

Street Address: 4700 DUDMAR DR	**City and State:** AUSTIN TX 78746

Participation: MEDICAID ICF	**# of Beds:** 128	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	65.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	99	92.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	67	62.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	62.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	62.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	17.8	31.6	29.3
Completely bedfast residents.	3	2.8	10.4	3.6
Residents confined to chairs.	60	56.1	46.1	39.1
Residents requiring restraints.	37	34.6	31.7	31.7
Confused or disoriented residents.	49	45.8	59.0	55.8
Residents with bed sores.	3	2.8	5.1	4.7
Residents receiving special skin care.	45	42.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMERON VILLA REST HME

Street Address: 1109 E 52ND ST		**City and State:** AUSTIN TX 78723	
Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	85.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	26	76.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	21	61.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	64.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	52.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	23.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	22	64.7	46.1	39.1
Residents requiring restraints.	4	11.8	31.7	31.7
Confused or disoriented residents.	21	61.8	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPITOL CITY NURSING HOME

Street Address: 9052 GALEWOOD DRIVE		**City and State:** AUSTIN TX 78758	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	1	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	97.4	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	107	93.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	89	77.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	70.4	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	82.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	41.7	42.2	37.7
Completely bedfast residents.	9	7.8	13.5	3.4
Residents confined to chairs.	65	56.5	52.2	50.8
Residents requiring restraints.	29	25.2	39.0	41.3
Confused or disoriented residents.	63	54.8	60.2	58.4
Residents with bed sores.	4	3.5	8.5	7.1
Residents receiving special skin care.	1	0.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTRAL TEXAS CARE CENTER

Street Address: 8007 BURNET RD	**City and State:** AUSTIN TX 78758

Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	78.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	58	74.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	61	78.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	65.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	15.4	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	47	60.3	46.1	39.1
Residents requiring restraints.	30	38.5	31.7	31.7
Confused or disoriented residents.	58	74.4	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	13	16.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CULLEN AVE REST HME

Street Address: 2105 CULLEN AVE		**City and State:** AUSTIN TX 78757	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	98.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	22	42.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	21.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	42.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	25.0	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	15	28.8	46.1	39.1
Residents requiring restraints.	5	9.6	31.7	31.7
Confused or disoriented residents.	52	100	59.0	55.8
Residents with bed sores.	3	5.8	5.1	4.7
Residents receiving special skin care.	52	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELWOOD NURSING HOME INC

Street Address: 4407 RED RIVER STREET		**City and State:** AUSTIN TX 78751	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	92.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	34	89.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	31	81.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	73.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	28.9	31.6	29.3
Completely bedfast residents.	1	2.6	10.4	3.6
Residents confined to chairs.	26	68.4	46.1	39.1
Residents requiring restraints.	22	57.9	31.7	31.7
Confused or disoriented residents.	22	57.9	59.0	55.8
Residents with bed sores.	3	7.9	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTERN HILLS CONVALESCENT CENTER

Street Address: 2306 REAL STREET	**City and State:** AUSTIN TX 78722

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 1	**Medicaid Residents:** 119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	76.2	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	107	74.8	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	100	69.9	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	60.8	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	72.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	68	47.6	42.2	37.7
Completely bedfast residents.	4	2.8	13.5	3.4
Residents confined to chairs.	88	61.5	52.2	50.8
Residents requiring restraints.	54	37.8	39.0	41.3
Confused or disoriented residents.	121	84.6	60.2	58.4
Residents with bed sores.	17	11.9	8.5	7.1
Residents receiving special skin care.	53	37.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR SEASONS NURSING CENTER

Street Address: 500 E ST JOHNS AVE	**City and State:** AUSTIN TX 78752

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 233	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	**Medicare Residents:** 4	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	131	95.6	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	126	92.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	94	68.6	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	69.3	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	106	77.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	9	6.6	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	37.2	42.2	37.7
Completely bedfast residents.	13	9.5	13.5	3.4
Residents confined to chairs.	30	21.9	52.2	50.8
Residents requiring restraints.	20	14.6	39.0	41.3
Confused or disoriented residents.	46	33.6	60.2	58.4
Residents with bed sores.	1	0.7	8.5	7.1
Residents receiving special skin care.	3	2.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLY CROSS HOSPITAL

Street Address: 2600 EAST MLK BLVD	**City and State:** AUSTIN TX 78702

Participation: MEDICARE SNF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 22	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	90.9	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	21	95.5	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	19	86.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	95.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	86.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	22.7	42.2	37.7
Completely bedfast residents.	1	4.5	13.5	3.4
Residents confined to chairs.	7	31.8	52.2	50.8
Residents requiring restraints.	2	9.1	39.0	41.3
Confused or disoriented residents.	6	27.3	60.2	58.4
Residents with bed sores.	3	13.6	8.5	7.1
Residents receiving special skin care.	12	54.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LALLA CONVALESCENT CENTER

Street Address: 2915 WEBBERVILLE RD		**City and State:** AUSTIN TX 78702	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	43.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	54	73.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	40	54.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	59.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	60.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	18	24.3	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	33.8	31.6	29.3
Completely bedfast residents.	8	10.8	10.4	3.6
Residents confined to chairs.	30	40.5	46.1	39.1
Residents requiring restraints.	20	27.0	31.7	31.7
Confused or disoriented residents.	42	56.8	59.0	55.8
Residents with bed sores.	1	1.4	5.1	4.7
Residents receiving special skin care.	74	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGGIE JOHNSONS NURSING CENTER

Street Address: 2406 EAST 17TH STREET	**City and State:** AUSTIN TX 78721

Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	81.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	31	70.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	28	63.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	52.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	13.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	9.1	31.6	29.3
Completely bedfast residents.	1	2.3	10.4	3.6
Residents confined to chairs.	22	50.0	46.1	39.1
Residents requiring restraints.	16	36.4	31.7	31.7
Confused or disoriented residents.	38	86.4	59.0	55.8
Residents with bed sores.	1	2.3	5.1	4.7
Residents receiving special skin care.	5	11.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWEST MEDIPLEX

Street Address: 5301 DUVAL ROAD	**City and State:** AUSTIN TX 78727

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 388	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 287	**Medicare Residents:** 7	**Medicaid Residents:** 220

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	253	88.2	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	182	63.4	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	159	55.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	49.8	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	151	52.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	101	35.2	42.2	37.7
Completely bedfast residents.	9	3.1	13.5	3.4
Residents confined to chairs.	124	43.2	52.2	50.8
Residents requiring restraints.	88	30.7	39.0	41.3
Confused or disoriented residents.	136	47.4	60.2	58.4
Residents with bed sores.	11	3.8	8.5	7.1
Residents receiving special skin care.	51	17.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKCREST MANOR

Street Address: 9507 HWY 290 E	**City and State:** AUSTIN TX 78724

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	86.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	33	64.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	35	68.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	82.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	47.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	15.7	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	19	37.3	46.1	39.1
Residents requiring restraints.	16	31.4	31.7	31.7
Confused or disoriented residents.	37	72.5	59.0	55.8
Residents with bed sores.	2	3.9	5.1	4.7
Residents receiving special skin care.	8	15.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PECAN GROVE NURSING HOME

Street Address: 3101 GOVALLE AVE	**City and State:** AUSTIN TX 78702

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	91.2	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	52	91.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	52	91.2	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	91.2	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	84.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	35.1	42.2	37.7
Completely bedfast residents.	1	1.8	13.5	3.4
Residents confined to chairs.	34	59.6	52.2	50.8
Residents requiring restraints.	19	33.3	39.0	41.3
Confused or disoriented residents.	32	56.1	60.2	58.4
Residents with bed sores.	5	8.8	8.5	7.1
Residents receiving special skin care.	7	12.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWEST MEDIPLEX

Street Address: 1015 WILLIAM CANNON DRIVE	**City and State:** AUSTIN TX 78745

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 182	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	**Medicare Residents:** 2	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	80.1	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	97	71.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	76	55.9	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	78.7	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	53.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	44.1	42.2	37.7
Completely bedfast residents.	4	2.9	13.5	3.4
Residents confined to chairs.	86	63.2	52.2	50.8
Residents requiring restraints.	62	45.6	39.0	41.3
Confused or disoriented residents.	65	47.8	60.2	58.4
Residents with bed sores.	13	9.6	8.5	7.1
Residents receiving special skin care.	136	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWOOD NH

Street Address: 3759 VALLEY VIEW RD		**City and State:** AUSTIN TX 78704	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	74.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	77	69.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	61	55.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	55.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	55.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	20.7	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	68	61.3	46.1	39.1
Residents requiring restraints.	41	36.9	31.7	31.7
Confused or disoriented residents.	77	69.4	59.0	55.8
Residents with bed sores.	2	1.8	5.1	4.7
Residents receiving special skin care.	15	13.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALNUT HILL CONV CTR INC

Street Address: 3509 ROGGE LANE		**City and State:** AUSTIN TX 78723	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	53.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	40	56.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	36	50.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	26.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	53.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	5	7.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	15.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	25	35.2	46.1	39.1
Residents requiring restraints.	11	15.5	31.7	31.7
Confused or disoriented residents.	20	28.2	59.0	55.8
Residents with bed sores.	3	4.2	5.1	4.7
Residents receiving special skin care.	3	4.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AZLE MANOR INC

Street Address: 225 CHURCH STREET	**City and State:** AZLE TX 76020

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 2	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	115	96.6	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	103	86.6	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	82	68.9	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	59.7	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	68.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	10	8.4	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	33.6	42.2	37.7
Completely bedfast residents.	3	2.5	13.5	3.4
Residents confined to chairs.	66	55.5	52.2	50.8
Residents requiring restraints.	40	33.6	39.0	41.3
Confused or disoriented residents.	60	50.4	60.2	58.4
Residents with bed sores.	4	3.4	8.5	7.1
Residents receiving special skin care.	10	8.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF BAIRD

Street Address: 240 E 6TH ST		**City and State:** BAIRD TX 79504	
Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	88.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	85.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	45	73.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	73.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	77.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	5	8.2	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	32.8	31.6	29.3
Completely bedfast residents.	6	9.8	10.4	3.6
Residents confined to chairs.	31	50.8	46.1	39.1
Residents requiring restraints.	30	49.2	31.7	31.7
Confused or disoriented residents.	39	63.9	59.0	55.8
Residents with bed sores.	1	1.6	5.1	4.7
Residents receiving special skin care.	23	37.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALCH SPRINGS NH

Street Address: 4200 SHEPHERD LN	**City and State:** BALCH SPRINGS TX 75180

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	81.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	89	80.9	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	60.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	54.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	55.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	25.5	31.6	29.3
Completely bedfast residents.	21	19.1	10.4	3.6
Residents confined to chairs.	41	37.3	46.1	39.1
Residents requiring restraints.	58	52.7	31.7	31.7
Confused or disoriented residents.	80	72.7	59.0	55.8
Residents with bed sores.	7	6.4	5.1	4.7
Residents receiving special skin care.	90	81.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALLINGER NURSING CENTER

Street Address: 1400 COUNTRY CLUB ROAD		**City and State:** BALLINGER TX 76821	
Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	95.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	35	77.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	36	80.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	64.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	73.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	40.0	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	29	64.4	46.1	39.1
Residents requiring restraints.	15	33.3	31.7	31.7
Confused or disoriented residents.	0	0.0	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	10	22.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF BALLINGER

Street Address: BRONTE HIGHWAY P O BOX 309		**City and State:** BALLINGER TX 76821	
Participation: MEDICAID ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
67	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	97.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	47	70.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	41	61.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	44.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	34.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	14.9	31.6	29.3
Completely bedfast residents.	1	1.5	10.4	3.6
Residents confined to chairs.	37	55.2	46.1	39.1
Residents requiring restraints.	18	26.9	31.7	31.7
Confused or disoriented residents.	31	46.3	59.0	55.8
Residents with bed sores.	6	9.0	5.1	4.7
Residents receiving special skin care.	20	29.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PURPLE HILLS MANOR INC

Street Address: 800 MONTAGUE DRIVE BOX 836	**City and State:** BANDERA TX 78003

Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	63.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	45	81.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	38	69.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	70.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	70.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	61.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	45	81.8	46.1	39.1
Residents requiring restraints.	19	34.5	31.7	31.7
Confused or disoriented residents.	31	56.4	59.0	55.8
Residents with bed sores.	4	7.3	5.1	4.7
Residents receiving special skin care.	55	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BANGS NH

Street Address: 1400 FITZGERALD	**City and State:** BANGS TX 76823

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	56.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	81.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	70.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	70.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	72.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	31.8	31.6	29.3
Completely bedfast residents.	13	29.5	10.4	3.6
Residents confined to chairs.	15	34.1	46.1	39.1
Residents requiring restraints.	15	34.1	31.7	31.7
Confused or disoriented residents.	34	77.3	59.0	55.8
Residents with bed sores.	3	6.8	5.1	4.7
Residents receiving special skin care.	3	6.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWILIGHT NURSING HOME INC

Street Address: 205 S WEST ST	**City and State:** BANGS TX 76823

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	30.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	72.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	62.5	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	45.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	60.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	32.5	31.6	29.3
Completely bedfast residents.	6	15.0	10.4	3.6
Residents confined to chairs.	11	27.5	46.1	39.1
Residents requiring restraints.	2	5.0	31.7	31.7
Confused or disoriented residents.	25	62.5	59.0	55.8
Residents with bed sores.	2	5.0	5.1	4.7
Residents receiving special skin care.	7	17.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILL O BELL INC

Street Address: 412 N DALTON	**City and State:** BARTLETT TX 76511

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	69.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	41	69.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	41	69.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	81.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	37.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	32.2	31.6	29.3
Completely bedfast residents.	4	6.8	10.4	3.6
Residents confined to chairs.	17	28.8	46.1	39.1
Residents requiring restraints.	19	32.2	31.7	31.7
Confused or disoriented residents.	35	59.3	59.0	55.8
Residents with bed sores.	4	6.8	5.1	4.7
Residents receiving special skin care.	1	1.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN HILLS CONV CTR

Street Address: RT 1 BOX 1X	**City and State:** BASTROP TX 78602

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 4	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	4	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	4	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	75.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	50.0	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	4	100	52.2	50.8
Residents requiring restraints.	1	25.0	39.0	41.3
Confused or disoriented residents.	2	50.0	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	2	50.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BASTROP NURSING CENTER

Street Address: 400 OLD AUSTIN HIGHWAY	**City and State:** BASTROP TX 78602

Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	81.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	75	82.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	75	82.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	82.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	82.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	6	6.6	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	38.5	31.6	29.3
Completely bedfast residents.	1	1.1	10.4	3.6
Residents confined to chairs.	45	49.5	46.1	39.1
Residents requiring restraints.	50	54.9	31.7	31.7
Confused or disoriented residents.	60	65.9	59.0	55.8
Residents with bed sores.	3	3.3	5.1	4.7
Residents receiving special skin care.	74	81.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY VILLA NURSING HOME

Street Address: 1800 13TH ST	**City and State:** BAY CITY TX 77414

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	99.0	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	99.0	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	75.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	97.0	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	59.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	34.0	42.2	37.7
Completely bedfast residents.	4	4.0	13.5	3.4
Residents confined to chairs.	72	72.0	52.2	50.8
Residents requiring restraints.	46	46.0	39.0	41.3
Confused or disoriented residents.	82	82.0	60.2	58.4
Residents with bed sores.	7	7.0	8.5	7.1
Residents receiving special skin care.	7	7.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MATAGORDA HOUSE NURSING HOME

Street Address: 1115 AVENUE G	**City and State:** BAY CITY TX 77414

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 28	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	25	89.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	24	85.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	82.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	71.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	82.1	42.2	37.7
Completely bedfast residents.	2	7.1	13.5	3.4
Residents confined to chairs.	18	64.3	52.2	50.8
Residents requiring restraints.	4	14.3	39.0	41.3
Confused or disoriented residents.	19	67.9	60.2	58.4
Residents with bed sores.	1	3.6	8.5	7.1
Residents receiving special skin care.	1	3.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLENBROOK HEALTHCARE CENTER

Street Address: 4109 ALLENBROOK DR		**City and State:** BAYTOWN TX 77520	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	95.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	71	84.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	58.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	83.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	64.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	15	17.9	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	17.9	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	71	84.5	46.1	39.1
Residents requiring restraints.	31	36.9	31.7	31.7
Confused or disoriented residents.	52	61.9	59.0	55.8
Residents with bed sores.	10	11.9	5.1	4.7
Residents receiving special skin care.	39	46.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYTOWN NH

Street Address: 1106 PARK ST	**City and State:** BAYTOWN TX 77520

Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	71.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	50	68.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	35	47.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	56.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	65.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	6	8.2	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	34.2	31.6	29.3
Completely bedfast residents.	21	28.8	10.4	3.6
Residents confined to chairs.	27	37.0	46.1	39.1
Residents requiring restraints.	29	39.7	31.7	31.7
Confused or disoriented residents.	45	61.6	59.0	55.8
Residents with bed sores.	5	6.8	5.1	4.7
Residents receiving special skin care.	22	30.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES CONV CTR

Street Address: 2000 BEAUMONT RD	**City and State:** BAYTOWN TX 77520

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	90.8	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	75.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	50	76.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	86.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	76.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	36.9	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	30	46.2	46.1	39.1
Residents requiring restraints.	21	32.3	31.7	31.7
Confused or disoriented residents.	37	56.9	59.0	55.8
Residents with bed sores.	2	3.1	5.1	4.7
Residents receiving special skin care.	26	40.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SAN JACINTO METHODIST HOSP

Street Address: 1101 DECKER DR	**City and State:** BAYTOWN TX 77520

Participation: MEDICARE SNF	**# of Beds:** 17	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 2	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	100	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	100	42.2	37.7
Completely bedfast residents.	2	100	13.5	3.4
Residents confined to chairs.	0	0.0	52.2	50.8
Residents requiring restraints.	2	100	39.0	41.3
Confused or disoriented residents.	2	100	60.2	58.4
Residents with bed sores.	1	50.0	8.5	7.1
Residents receiving special skin care.	2	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JAMES HOUSE OF BAYTOWN

Street Address: 5800 BAKER RD	**City and State:** BAYTOWN TX 77520

Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	46	78.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	43	72.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	69.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	15.3	31.6	29.3
Completely bedfast residents.	26	44.1	10.4	3.6
Residents confined to chairs.	13	22.0	46.1	39.1
Residents requiring restraints.	19	32.2	31.7	31.7
Confused or disoriented residents.	42	71.2	59.0	55.8
Residents with bed sores.	2	3.4	5.1	4.7
Residents receiving special skin care.	1	1.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
A W SCHLESINGER GERIATRIC CTR INC

Street Address: 4195 MILAM STREET		**City and State:** BEAUMONT TX 77707	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 412	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
347	19	192

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	272	78.4	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	288	83.0	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	259	74.6	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	248	71.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	246	70.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	128	36.9	42.2	37.7
Completely bedfast residents.	51	14.7	13.5	3.4
Residents confined to chairs.	182	52.4	52.2	50.8
Residents requiring restraints.	116	33.4	39.0	41.3
Confused or disoriented residents.	194	55.9	60.2	58.4
Residents with bed sores.	57	16.4	8.5	7.1
Residents receiving special skin care.	118	34.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF BEAUMONT

Street Address: 1175 DENTON DR		**City and State:** BEAUMONT TX 77707	
Participation: MEDICAID ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	23.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	79	76.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	79	76.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	46.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	40.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	25.2	31.6	29.3
Completely bedfast residents.	20	19.4	10.4	3.6
Residents confined to chairs.	43	41.7	46.1	39.1
Residents requiring restraints.	24	23.3	31.7	31.7
Confused or disoriented residents.	69	67.0	59.0	55.8
Residents with bed sores.	5	4.9	5.1	4.7
Residents receiving special skin care.	1	1.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLEGE STREET NURSING CENTER

Street Address: 4150 COLLEGE AVE		**City and State:** BEAUMONT TX 77707	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
63	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	79.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	82.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	52	82.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	60.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	69.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	34.9	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	35	55.6	46.1	39.1
Residents requiring restraints.	17	27.0	31.7	31.7
Confused or disoriented residents.	50	79.4	59.0	55.8
Residents with bed sores.	1	1.6	5.1	4.7
Residents receiving special skin care.	7	11.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES CONV CTR PARKDALE

Street Address: 11025 OLD VOTH ROAD		**City and State:** BEAUMONT TX 77708	
Participation: MEDICAID ICF	**# of Beds:** 116	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	78.5	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	88.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	68.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	50.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	68.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	34.2	31.6	29.3
Completely bedfast residents.	7	8.9	10.4	3.6
Residents confined to chairs.	34	43.0	46.1	39.1
Residents requiring restraints.	27	34.2	31.7	31.7
Confused or disoriented residents.	51	64.6	59.0	55.8
Residents with bed sores.	4	5.1	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMILTON NURSING HOME

Street Address: 2660 BRICKYARD RD	**City and State:** BEAUMONT TX 77703

Participation: MEDICAID ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	88.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	98	90.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	86	79.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	66.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	72.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	60	55.6	31.6	29.3
Completely bedfast residents.	26	24.1	10.4	3.6
Residents confined to chairs.	49	45.4	46.1	39.1
Residents requiring restraints.	31	28.7	31.7	31.7
Confused or disoriented residents.	62	57.4	59.0	55.8
Residents with bed sores.	3	2.8	5.1	4.7
Residents receiving special skin care.	11	10.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINDBERGH HEALTH CARE CENTER

Street Address: 795 LINDBERGH		**City and State:** BEAUMONT TX 77707	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	2	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathning Residents requiring some or total assistance in bathing.	55	69.6	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	69	87.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	58	73.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	70.9	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	60.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	44.3	42.2	37.7
Completely bedfast residents.	18	22.8	13.5	3.4
Residents confined to chairs.	42	53.2	52.2	50.8
Residents requiring restraints.	13	16.5	39.0	41.3
Confused or disoriented residents.	44	55.7	60.2	58.4
Residents with bed sores.	5	6.3	8.5	7.1
Residents receiving special skin care.	3	3.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SABINE OAKS HOME

Street Address: 1945 PENNSYLVANIA AVE		**City and State:** BEAUMONT TX 77701	
Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	4.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	5	22.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	1	4.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	4.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	4.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	1	4.5	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	7	31.8	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEB NURSING CTR

Street Address: 2716 TIBBETS DRIVE	**City and State:** BEDFORD TX 76021

Participation: MEDICAID ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	61.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	41	71.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	40	70.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	70.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	70.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	24.6	31.6	29.3
Completely bedfast residents.	33	57.9	10.4	3.6
Residents confined to chairs.	12	21.1	46.1	39.1
Residents requiring restraints.	27	47.4	31.7	31.7
Confused or disoriented residents.	23	40.4	59.0	55.8
Residents with bed sores.	1	1.8	5.1	4.7
Residents receiving special skin care.	10	17.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LA DORA LODGE NH

Street Address: 1960 BEDFORD RD	**City and State:** BEDFORD TX 76021

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	96.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	47	82.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	47	82.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	56.1	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	42	73.7	46.1	39.1
Residents requiring restraints.	18	31.6	31.7	31.7
Confused or disoriented residents.	38	66.7	59.0	55.8
Residents with bed sores.	2	3.5	5.1	4.7
Residents receiving special skin care.	10	17.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARBOR CARE CENTER

Street Address: 4901 NORTH ST MARYS	**City and State:** BEEVILLE TX 78102

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	89	90.8	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	75	76.5	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	76.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.5	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	76	77.6	52.2	50.8
Residents requiring restraints.	53	54.1	39.0	41.3
Confused or disoriented residents.	77	78.6	60.2	58.4
Residents with bed sores.	4	4.1	8.5	7.1
Residents receiving special skin care.	17	17.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE LODGE NURSING AND CONV CTR

Street Address: 600 HILLSIDE DRIVE		**City and State:** BEEVILLE TX 78102	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	72.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	91.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	69	72.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	72.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	66.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	34.7	31.6	29.3
Completely bedfast residents.	4	4.2	10.4	3.6
Residents confined to chairs.	52	54.7	46.1	39.1
Residents requiring restraints.	38	40.0	31.7	31.7
Confused or disoriented residents.	59	62.1	59.0	55.8
Residents with bed sores.	4	4.2	5.1	4.7
Residents receiving special skin care.	21	22.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL BELLE NURSING HOME

Street Address: 106 N BARON	**City and State:** BELLVILLE TX 77418

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	75.8	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	42	63.6	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	40	60.6	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	59.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	42.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	27.3	42.2	37.7
Completely bedfast residents.	18	27.3	13.5	3.4
Residents confined to chairs.	27	40.9	52.2	50.8
Residents requiring restraints.	27	40.9	39.0	41.3
Confused or disoriented residents.	43	65.2	60.2	58.4
Residents with bed sores.	11	16.7	8.5	7.1
Residents receiving special skin care.	5	7.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWEETBRIAR NURSING HOME

Street Address: 1515 HIGHWAY 36 NORTH PO BOX 638		**City and State:** BELLVILLE TX 77318	
Participation: MEDICAID ICF	**# of Beds:** 170	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	73.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	95	74.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	81	63.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	66.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	60.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	26.8	31.6	29.3
Completely bedfast residents.	12	9.4	10.4	3.6
Residents confined to chairs.	57	44.9	46.1	39.1
Residents requiring restraints.	34	26.8	31.7	31.7
Confused or disoriented residents.	89	70.1	59.0	55.8
Residents with bed sores.	14	11.0	5.1	4.7
Residents receiving special skin care.	22	17.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW MANOR NURSING CENTER

Street Address: 1103 MARY JANE STREET		**City and State:** BELTON TX 76513	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	78.5	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	56	86.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	75.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	76.9	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	58.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	53.8	42.2	37.7
Completely bedfast residents.	6	9.2	13.5	3.4
Residents confined to chairs.	36	55.4	52.2	50.8
Residents requiring restraints.	17	26.2	39.0	41.3
Confused or disoriented residents.	47	72.3	60.2	58.4
Residents with bed sores.	2	3.1	8.5	7.1
Residents receiving special skin care.	3	4.6	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK PLACE MANOR

Street Address: 810 EAST 13TH AVE	**City and State:** BELTON TX 76513

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	3	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	3	100	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	66.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	66.7	31.6	29.3
Completely bedfast residents.	1	33.3	10.4	3.6
Residents confined to chairs.	1	33.3	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	3	100	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	33.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BENBROOK SWEETBRIAR NH

Street Address: 1000 MCKINLEY		**City and State:** BENBROOK TX 76126	
Participation: MEDICAID ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	62.4	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	64	75.3	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	61	71.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	70.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	70.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	4.7	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	28.2	31.6	29.3
Completely bedfast residents.	2	2.4	10.4	3.6
Residents confined to chairs.	47	55.3	46.1	39.1
Residents requiring restraints.	17	20.0	31.7	31.7
Confused or disoriented residents.	51	60.0	59.0	55.8
Residents with bed sores.	2	2.4	5.1	4.7
Residents receiving special skin care.	3	3.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERTRAM NH

Street Address: HIGHWAY 29 BOX 209	**City and State:** BERTRAM TX 78605

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	96.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	25	86.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	20	69.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	79.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	34.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.7	31.6	29.3
Completely bedfast residents.	2	6.9	10.4	3.6
Residents confined to chairs.	10	34.5	46.1	39.1
Residents requiring restraints.	9	31.0	31.7	31.7
Confused or disoriented residents.	28	96.6	59.0	55.8
Residents with bed sores.	1	3.4	5.1	4.7
Residents receiving special skin care.	4	13.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REAGAN COUNTY CARE CENTER

Street Address: 805 N MAIN		**City and State:** BIG LAKE TX 76932	
Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	24	58.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	17	41.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	46.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	41.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	12.2	31.6	29.3
Completely bedfast residents.	6	14.6	10.4	3.6
Residents confined to chairs.	18	43.9	46.1	39.1
Residents requiring restraints.	3	7.3	31.7	31.7
Confused or disoriented residents.	36	87.8	59.0	55.8
Residents with bed sores.	1	2.4	5.1	4.7
Residents receiving special skin care.	1	2.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN PLAINS CARE CENTER

Street Address: 901 GOLIAD	**City and State:** BIG SPRING TX 79720

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	69.9	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	77.1	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	88.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	73.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	68.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	38.6	42.2	37.7
Completely bedfast residents.	25	30.1	13.5	3.4
Residents confined to chairs.	36	43.4	52.2	50.8
Residents requiring restraints.	8	9.6	39.0	41.3
Confused or disoriented residents.	45	54.2	60.2	58.4
Residents with bed sores.	5	6.0	8.5	7.1
Residents receiving special skin care.	25	30.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOUNTAIN VIEW LODGE INC

Street Address: 2009 VIRGINIA	**City and State:** BIG SPRING TX 79720

Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	96.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	73	85.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	63	74.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	72.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	51.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	27.1	31.6	29.3
Completely bedfast residents.	4	4.7	10.4	3.6
Residents confined to chairs.	45	52.9	46.1	39.1
Residents requiring restraints.	38	44.7	31.7	31.7
Confused or disoriented residents.	68	80.0	59.0	55.8
Residents with bed sores.	5	5.9	5.1	4.7
Residents receiving special skin care.	85	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLANCO HEALTH CARE CENTER

Street Address: THIRD AND ELM STREET	**City and State:** BLANCO TX 78606

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	83.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	27	75.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	22	61.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	63.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	75.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	19.4	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	19	52.8	46.1	39.1
Residents requiring restraints.	12	33.3	31.7	31.7
Confused or disoriented residents.	17	47.2	59.0	55.8
Residents with bed sores.	1	2.8	5.1	4.7
Residents receiving special skin care.	7	19.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIVE OAK MEDICAL NURSING CENTER

Street Address: 300 E 7TH ST	**City and State:** BLANCO TX 78606

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	98.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	42	75.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	36	64.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	53.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	23.2	31.6	29.3
Completely bedfast residents.	1	1.8	10.4	3.6
Residents confined to chairs.	27	48.2	46.1	39.1
Residents requiring restraints.	1	1.8	31.7	31.7
Confused or disoriented residents.	33	58.9	59.0	55.8
Residents with bed sores.	1	1.8	5.1	4.7
Residents receiving special skin care.	56	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILL TOP NURSING HOME

Street Address: 200 RYAN ST	**City and State:** BOERNE TX 78006

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	98.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	49	84.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	35	60.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	67.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	69.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	3	5.2	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	32.8	31.6	29.3
Completely bedfast residents.	1	1.7	10.4	3.6
Residents confined to chairs.	38	65.5	46.1	39.1
Residents requiring restraints.	31	53.4	31.7	31.7
Confused or disoriented residents.	53	91.4	59.0	55.8
Residents with bed sores.	2	3.4	5.1	4.7
Residents receiving special skin care.	5	8.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN AND COUNTRY MANOR INC

Street Address: 625 N MAIN ST	**City and State:** BOERNE TX 78006

Participation: MEDICAID ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	95.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	97	75.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	83	64.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	69.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	63.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	29	22.5	31.6	29.3
Completely bedfast residents.	6	4.7	10.4	3.6
Residents confined to chairs.	74	57.4	46.1	39.1
Residents requiring restraints.	15	11.6	31.7	31.7
Confused or disoriented residents.	53	41.1	59.0	55.8
Residents with bed sores.	2	1.6	5.1	4.7
Residents receiving special skin care.	7	5.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RED RIVER HAVEN NURSING HOME

Street Address: 319 PARIS ROAD	**City and State:** BOGATA TX 75417

Participation: MEDICAID ICF	**# of Beds:** 154	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	**Medicare Residents:** 0	**Medicaid Residents:** 126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	134	89.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	106	70.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	99	66.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	62.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	68.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	18	12.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	47	31.3	31.6	29.3
Completely bedfast residents.	21	14.0	10.4	3.6
Residents confined to chairs.	64	42.7	46.1	39.1
Residents requiring restraints.	43	28.7	31.7	31.7
Confused or disoriented residents.	91	60.7	59.0	55.8
Residents with bed sores.	7	4.7	5.1	4.7
Residents receiving special skin care.	59	39.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BONHAM NURSING CENTER

Street Address: 709 W 5TH ST		**City and State:** BONHAM TX 75418	
Participation: MEDICAID ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	95.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	59	95.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	40	64.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	62.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	87.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	24.2	31.6	29.3
Completely bedfast residents.	2	3.2	10.4	3.6
Residents confined to chairs.	34	54.8	46.1	39.1
Residents requiring restraints.	12	19.4	31.7	31.7
Confused or disoriented residents.	25	40.3	59.0	55.8
Residents with bed sores.	2	3.2	5.1	4.7
Residents receiving special skin care.	5	8.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW NURS HME

Street Address: 1500 NORTH KENNEDY STREET	**City and State:** BONHAM TX 75418

Participation: MEDICAID ICF	**# of Beds:** 103	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	68.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	26	68.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	25	65.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	63.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	68.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.1	31.6	29.3
Completely bedfast residents.	4	10.5	10.4	3.6
Residents confined to chairs.	10	26.3	46.1	39.1
Residents requiring restraints.	10	26.3	31.7	31.7
Confused or disoriented residents.	15	39.5	59.0	55.8
Residents with bed sores.	1	2.6	5.1	4.7
Residents receiving special skin care.	4	10.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEVEN OAKS CONV CENTER

Street Address: 901 SEVEN OAKS ROAD		**City and State:** BONHAM TX 75418	
Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	62.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	76	76.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	76	76.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	61.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	45	45.0	31.6	29.3
Completely bedfast residents.	13	13.0	10.4	3.6
Residents confined to chairs.	34	34.0	46.1	39.1
Residents requiring restraints.	32	32.0	31.7	31.7
Confused or disoriented residents.	50	50.0	59.0	55.8
Residents with bed sores.	7	7.0	5.1	4.7
Residents receiving special skin care.	18	18.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BORGER NURSING CENTER

Street Address: 1316 S FLORIDA	**City and State:** BORGER TX 79007

Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	58.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	71	81.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	40	46.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	60.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	28.7	31.6	29.3
Completely bedfast residents.	21	24.1	10.4	3.6
Residents confined to chairs.	32	36.8	46.1	39.1
Residents requiring restraints.	24	27.6	31.7	31.7
Confused or disoriented residents.	41	47.1	59.0	55.8
Residents with bed sores.	4	4.6	5.1	4.7
Residents receiving special skin care.	38	43.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGIC STAR NURSING HOME

Street Address: 200 TYLER ST	**City and State:** BORGER TX 79007

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	97.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	31	72.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	31	72.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	76.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	58.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	34.9	31.6	29.3
Completely bedfast residents.	15	34.9	10.4	3.6
Residents confined to chairs.	16	37.2	46.1	39.1
Residents requiring restraints.	17	39.5	31.7	31.7
Confused or disoriented residents.	27	62.8	59.0	55.8
Residents with bed sores.	2	4.7	5.1	4.7
Residents receiving special skin care.	2	4.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLMIRE HOME

Street Address: 1101 ROCK ST		**City and State:** BOWIE TX 76230	
Participation: MEDICAID ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
174	0	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	31.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	124	71.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	129	74.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	59.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	60.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	40	23.0	31.6	29.3
Completely bedfast residents.	11	6.3	10.4	3.6
Residents confined to chairs.	89	51.1	46.1	39.1
Residents requiring restraints.	46	26.4	31.7	31.7
Confused or disoriented residents.	155	89.1	59.0	55.8
Residents with bed sores.	6	3.4	5.1	4.7
Residents receiving special skin care.	40	23.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOWIE MANOR NURSING CENTER

Street Address: 601 CENTRAL AVE	**City and State:** BOWIE TX 76230

Participation: MEDICAID ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	75.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	56	73.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	52	68.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	53.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	44.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	25.0	31.6	29.3
Completely bedfast residents.	4	5.3	10.4	3.6
Residents confined to chairs.	46	60.5	46.1	39.1
Residents requiring restraints.	15	19.7	31.7	31.7
Confused or disoriented residents.	44	57.9	59.0	55.8
Residents with bed sores.	3	3.9	5.1	4.7
Residents receiving special skin care.	6	7.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE BRADY

Street Address: MENARD HWY	**City and State:** BRADY TX 76825

Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	60.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	44	72.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	37	60.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	60.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	49.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	32.8	31.6	29.3
Completely bedfast residents.	3	4.9	10.4	3.6
Residents confined to chairs.	30	49.2	46.1	39.1
Residents requiring restraints.	13	21.3	31.7	31.7
Confused or disoriented residents.	24	39.3	59.0	55.8
Residents with bed sores.	2	3.3	5.1	4.7
Residents receiving special skin care.	3	4.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHUFFIELD REST HOME INC 1

Street Address: 1605 S BRADLEY	**City and State:** BRADY TX 76825

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	96.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	46	75.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	39	63.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	60.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	72.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	34.4	31.6	29.3
Completely bedfast residents.	20	32.8	10.4	3.6
Residents confined to chairs.	11	18.0	46.1	39.1
Residents requiring restraints.	13	21.3	31.7	31.7
Confused or disoriented residents.	36	59.0	59.0	55.8
Residents with bed sores.	1	1.6	5.1	4.7
Residents receiving special skin care.	20	32.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHUFFIELD REST HOME INC 2

Street Address: US HWY 87 S	**City and State:** BRADY TX 76825

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	91.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	35	62.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	31	55.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	46.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	35.7	31.6	29.3
Completely bedfast residents.	24	42.9	10.4	3.6
Residents confined to chairs.	3	5.4	46.1	39.1
Residents requiring restraints.	21	37.5	31.7	31.7
Confused or disoriented residents.	29	51.8	59.0	55.8
Residents with bed sores.	3	5.4	5.1	4.7
Residents receiving special skin care.	3	5.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE COUNTRY MANOR

Street Address: 1900 W ELLIOTT	**City and State:** BRECKENRIDGE TX 76024

Participation: MEDICAID ICF	**# of Beds:** 72	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	66.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	82.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	42	66.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	63.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	47.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	15.9	31.6	29.3
Completely bedfast residents.	3	4.8	10.4	3.6
Residents confined to chairs.	37	58.7	46.1	39.1
Residents requiring restraints.	2	3.2	31.7	31.7
Confused or disoriented residents.	15	23.8	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	1.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA HAVEN NURSING CENTER

Street Address: 300 S JACKSON	**City and State:** BRECKENRIDGE TX 76024

Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	40.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	38	49.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	33	42.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	33.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	41.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	13.0	31.6	29.3
Completely bedfast residents.	5	6.5	10.4	3.6
Residents confined to chairs.	29	37.7	46.1	39.1
Residents requiring restraints.	14	18.2	31.7	31.7
Confused or disoriented residents.	34	44.2	59.0	55.8
Residents with bed sores.	6	7.8	5.1	4.7
Residents receiving special skin care.	12	15.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BREMOND NURSING CENTER

Street Address: 200 N MAIN STREET		**City and State:** BREMOND TX 76629	
Participation: MEDICAID ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
74	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	87.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	68	91.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	66.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	60.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	66.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	24.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	28	37.8	46.1	39.1
Residents requiring restraints.	18	24.3	31.7	31.7
Confused or disoriented residents.	32	43.2	59.0	55.8
Residents with bed sores.	1	1.4	5.1	4.7
Residents receiving special skin care.	3	4.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENHAM REST HME

Street Address: 406 COTTONWOOD ST	**City and State:** BRENHAM TX 77833

Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	99.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	88	88.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	67	67.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	61.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	39.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	33.3	31.6	29.3
Completely bedfast residents.	9	9.1	10.4	3.6
Residents confined to chairs.	48	48.5	46.1	39.1
Residents requiring restraints.	24	24.2	31.7	31.7
Confused or disoriented residents.	57	57.6	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	1.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWEETBRIAR NURSING HOME

Street Address: 401 EAST HORTON STREET	**City and State:** BRENHAM TX 77833

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 265	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 230	**Medicare Residents:** 8	**Medicaid Residents:** 150

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	204	88.7	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	196	85.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	174	75.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	71.3	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	144	62.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	33.0	42.2	37.7
Completely bedfast residents.	20	8.7	13.5	3.4
Residents confined to chairs.	113	49.1	52.2	50.8
Residents requiring restraints.	92	40.0	39.0	41.3
Confused or disoriented residents.	169	73.5	60.2	58.4
Residents with bed sores.	23	10.0	8.5	7.1
Residents receiving special skin care.	100	43.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES CONVALESCENT CTR

Street Address: 625 MEADOWLAWN		**City and State:** BRIDGE CITY TX 77611	
Participation: MEDICAID ICF	**# of Beds:** 146	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	92.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	49	89.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	89.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	89.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	89.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	7.3	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	47	85.5	31.6	29.3
Completely bedfast residents.	2	3.6	10.4	3.6
Residents confined to chairs.	24	43.6	46.1	39.1
Residents requiring restraints.	22	40.0	31.7	31.7
Confused or disoriented residents.	24	43.6	59.0	55.8
Residents with bed sores.	2	3.6	5.1	4.7
Residents receiving special skin care.	12	21.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN YEARS RETREAT

Street Address: 1ST AT CATES		**City and State:** BRIDGEPORT TX 76026	
Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	76.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	60	68.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	51	58.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	58.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	53.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.5	31.6	29.3
Completely bedfast residents.	5	5.7	10.4	3.6
Residents confined to chairs.	33	37.5	46.1	39.1
Residents requiring restraints.	16	18.2	31.7	31.7
Confused or disoriented residents.	34	38.6	59.0	55.8
Residents with bed sores.	5	5.7	5.1	4.7
Residents receiving special skin care.	30	34.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRONTE NH

Street Address: 900 STATE ST	**City and State:** BRONTE TX 76933

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	87.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	34	87.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	31	79.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	71.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	61.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	17.9	31.6	29.3
Completely bedfast residents.	4	10.3	10.4	3.6
Residents confined to chairs.	26	66.7	46.1	39.1
Residents requiring restraints.	16	41.0	31.7	31.7
Confused or disoriented residents.	21	53.8	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	3	7.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKSHIRE ARMS INC

Street Address: HIGHWAY 359 SOUTH		**City and State:** BROOKSHIRE TX 77423	
Participation: MEDICAID ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	87.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	89	81.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	60	55.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	40.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	47.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	24.8	31.6	29.3
Completely bedfast residents.	6	5.5	10.4	3.6
Residents confined to chairs.	40	36.7	46.1	39.1
Residents requiring restraints.	8	7.3	31.7	31.7
Confused or disoriented residents.	90	82.6	59.0	55.8
Residents with bed sores.	5	4.6	5.1	4.7
Residents receiving special skin care.	8	7.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWNFIELD NURSING HOME

Street Address: 510 SOUTH 1ST AVE		**City and State:** BROWNFIELD TX 79316	
Participation: MEDICAID ICF	**# of Beds:** 54	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	95.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	34	77.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	29	65.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	65.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	63.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	20.5	31.6	29.3
Completely bedfast residents.	5	11.4	10.4	3.6
Residents confined to chairs.	24	54.5	46.1	39.1
Residents requiring restraints.	11	25.0	31.7	31.7
Confused or disoriented residents.	9	20.5	59.0	55.8
Residents with bed sores.	2	4.5	5.1	4.7
Residents receiving special skin care.	3	6.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH PLAINS NURSING CENTER

Street Address: 1101 E LAKE ST		**City and State:** BROWNFIELD TX 79316	
Participation: MEDICAID ICF	**# of Beds:** 116	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	70.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	50	64.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	48	62.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	59.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	61.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	65	84.4	31.6	29.3
Completely bedfast residents.	7	9.1	10.4	3.6
Residents confined to chairs.	38	49.4	46.1	39.1
Residents requiring restraints.	26	33.8	31.7	31.7
Confused or disoriented residents.	49	63.6	59.0	55.8
Residents with bed sores.	7	9.1	5.1	4.7
Residents receiving special skin care.	19	24.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWNSVILLE GOOD SAMARITAN CTR

Street Address: 510 PAREDES LINE RD	**City and State:** BROWNSVILLE TX 78521

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	91.9	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	92	92.9	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	70	70.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	77.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	43.4	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	67	67.7	52.2	50.8
Residents requiring restraints.	66	66.7	39.0	41.3
Confused or disoriented residents.	80	80.8	60.2	58.4
Residents with bed sores.	8	8.1	8.5	7.1
Residents receiving special skin care.	2	2.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOTHER OF PERPETUAL HELP HOME

Street Address: 519 E MADISON AT 6TH ST		**City and State:** BROWNSVILLE TX 78520	
Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	91.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	31	86.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	25	69.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	69.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	36.1	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	13	36.1	46.1	39.1
Residents requiring restraints.	22	61.1	31.7	31.7
Confused or disoriented residents.	26	72.2	59.0	55.8
Residents with bed sores.	2	5.6	5.1	4.7
Residents receiving special skin care.	1	2.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RETAMA MANOR NURSING CENTER

Street Address: 1415 W WASHINGTON ST	**City and State:** BROWNSVILLE TX 78520

Participation: MEDICAID ICF	**# of Beds:** 165	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	72.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	61	80.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	46	60.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	63.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	69.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	55.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	33	43.4	46.1	39.1
Residents requiring restraints.	32	42.1	31.7	31.7
Confused or disoriented residents.	59	77.6	59.0	55.8
Residents with bed sores.	8	10.5	5.1	4.7
Residents receiving special skin care.	6	7.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY GRANDE MANOR INC

Street Address: 901 WILDROSE LANE	**City and State:** BROWNSVILLE TX 78520

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 181	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 9	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	79.2	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	154	96.9	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	129	81.1	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	83.6	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	81.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	83	52.2	42.2	37.7
Completely bedfast residents.	5	3.1	13.5	3.4
Residents confined to chairs.	116	73.0	52.2	50.8
Residents requiring restraints.	61	38.4	39.0	41.3
Confused or disoriented residents.	123	77.4	60.2	58.4
Residents with bed sores.	20	12.6	8.5	7.1
Residents receiving special skin care.	19	11.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWNWOOD CARE CTR

Street Address: 101 MILLER DR		**City and State:** BROWNWOOD TX 76801	
Participation: MEDICAID ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
113	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	85.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	95	84.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	62	54.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	69.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	55.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	43	38.1	31.6	29.3
Completely bedfast residents.	9	8.0	10.4	3.6
Residents confined to chairs.	49	43.4	46.1	39.1
Residents requiring restraints.	32	28.3	31.7	31.7
Confused or disoriented residents.	98	86.7	59.0	55.8
Residents with bed sores.	6	5.3	5.1	4.7
Residents receiving special skin care.	6	5.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
C A R E INC NURSING CENTER

Street Address: STAR ROUTE 3 BOX 6 A	**City and State:** BROWNWOOD TX 76801

Participation: MEDICAID ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	91.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	57	78.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	57	78.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	78.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	50.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	34.2	31.6	29.3
Completely bedfast residents.	3	4.1	10.4	3.6
Residents confined to chairs.	42	57.5	46.1	39.1
Residents requiring restraints.	19	26.0	31.7	31.7
Confused or disoriented residents.	24	32.9	59.0	55.8
Residents with bed sores.	1	1.4	5.1	4.7
Residents receiving special skin care.	12	16.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROSS COUNTRY CARE CENTER

Street Address: 1514 INDIAN CREEK ROAD	**City and State:** BROWNWOOD TX 76801

Participation: MEDICAID ICF	**# of Beds:** 146	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	69.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	61	74.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	52	63.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	59.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	65.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	22.0	31.6	29.3
Completely bedfast residents.	7	8.5	10.4	3.6
Residents confined to chairs.	41	50.0	46.1	39.1
Residents requiring restraints.	35	42.7	31.7	31.7
Confused or disoriented residents.	42	51.2	59.0	55.8
Residents with bed sores.	7	8.5	5.1	4.7
Residents receiving special skin care.	22	26.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK RIDGE MANOR INC

Street Address: 2501 MORRIS SHEPPARD DRIVE		**City and State:** BROWNWOOD TX 76801	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
3	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	3	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	2	66.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	66.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	100	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	1	33.3	46.1	39.1
Residents requiring restraints.	1	33.3	31.7	31.7
Confused or disoriented residents.	1	33.3	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	2	66.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLANTATION NURSING HOME

Street Address: 405 W ANDERSON		**City and State:** BROWNWOOD TX 76801	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	80.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	25	71.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	17	48.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	37.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	31.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	14	40.0	46.1	39.1
Residents requiring restraints.	3	8.6	31.7	31.7
Confused or disoriented residents.	32	91.4	59.0	55.8
Residents with bed sores.	2	5.7	5.1	4.7
Residents receiving special skin care.	12	34.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW RETIREMENT COMMUNITY

Street Address: 2501 VILLA MARIA RD	**City and State:** BRYAN TX 77802

Participation: MEDICAID ICF	**# of Beds:** 57	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	77.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	59.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	50.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	54.5	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	15.9	31.6	29.3
Completely bedfast residents.	2	4.5	10.4	3.6
Residents confined to chairs.	18	40.9	46.1	39.1
Residents requiring restraints.	11	25.0	31.7	31.7
Confused or disoriented residents.	19	43.2	59.0	55.8
Residents with bed sores.	1	2.3	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE BRYAN

Street Address: 2001 EAST 29TH STREET		**City and State:** BRYAN TX 77802	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	70.5	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	71	80.7	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	55	62.5	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	63.6	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	55.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.5	42.2	37.7
Completely bedfast residents.	3	3.4	13.5	3.4
Residents confined to chairs.	60	68.2	52.2	50.8
Residents requiring restraints.	35	39.8	39.0	41.3
Confused or disoriented residents.	71	80.7	60.2	58.4
Residents with bed sores.	3	3.4	8.5	7.1
Residents receiving special skin care.	11	12.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERWOOD HEALTH CARE FACILITY

Street Address: 1401 MEMORIAL DR	**City and State:** BRYAN TX 77802

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 246	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 233	**Medicare Residents:** 12	**Medicaid Residents:** 149

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	209	89.7	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	209	89.7	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	185	79.4	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	185	79.4	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	198	85.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	33.9	42.2	37.7
Completely bedfast residents.	19	8.2	13.5	3.4
Residents confined to chairs.	132	56.7	52.2	50.8
Residents requiring restraints.	114	48.9	39.0	41.3
Confused or disoriented residents.	81	34.8	60.2	58.4
Residents with bed sores.	26	11.2	8.5	7.1
Residents receiving special skin care.	66	28.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH HOSP AND HLTH CTR SNF

Street Address: 2801 FRANCISCAN DR		**City and State:** BRYAN TX 77802	
Participation: MEDICARE SNF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 0	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	2	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	2	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	0	0.0	52.2	50.8
Residents requiring restraints.	1	50.0	39.0	41.3
Confused or disoriented residents.	0	0.0	60.2	58.4
Residents with bed sores.	1	50.0	8.5	7.1
Residents receiving special skin care.	1	50.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALL SEASONS CARE CENTER

Street Address: PEARLSTONE ST AT HOSPITAL DRIVE	**City and State:** BUFFALO TX 75831

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	87.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	20	62.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	20	62.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	50.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	46.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	21.9	31.6	29.3
Completely bedfast residents.	3	9.4	10.4	3.6
Residents confined to chairs.	13	40.6	46.1	39.1
Residents requiring restraints.	5	15.6	31.7	31.7
Confused or disoriented residents.	22	68.8	59.0	55.8
Residents with bed sores.	1	3.1	5.1	4.7
Residents receiving special skin care.	9	28.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUNA NH

Street Address: HWY 96 NORTH	**City and State:** BUNA TX 77612

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	56.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	33	71.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	29	63.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	56.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	56.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	47.8	31.6	29.3
Completely bedfast residents.	4	8.7	10.4	3.6
Residents confined to chairs.	15	32.6	46.1	39.1
Residents requiring restraints.	16	34.8	31.7	31.7
Confused or disoriented residents.	28	60.9	59.0	55.8
Residents with bed sores.	2	4.3	5.1	4.7
Residents receiving special skin care.	5	10.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE MANOR NURS CTR OF BURKBURNETT

Street Address: 800 RED RIVER EXPWY		**City and State:** BURKBURNETT TX 76354	
Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	93.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	53	91.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	39	67.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	63.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	63.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	41.4	31.6	29.3
Completely bedfast residents.	16	27.6	10.4	3.6
Residents confined to chairs.	22	37.9	46.1	39.1
Residents requiring restraints.	26	44.8	31.7	31.7
Confused or disoriented residents.	27	46.6	59.0	55.8
Residents with bed sores.	1	1.7	5.1	4.7
Residents receiving special skin care.	34	58.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN CARE CENTER

Street Address: 406 E 7TH	**City and State:** BURKBURNETT TX 76354

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	65.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	34	69.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	30	61.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	49.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	51.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	12.2	31.6	29.3
Completely bedfast residents.	2	4.1	10.4	3.6
Residents confined to chairs.	25	51.0	46.1	39.1
Residents requiring restraints.	14	28.6	31.7	31.7
Confused or disoriented residents.	11	22.4	59.0	55.8
Residents with bed sores.	2	4.1	5.1	4.7
Residents receiving special skin care.	3	6.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BURLESON NURSING CENTER

Street Address: 144 SW THOMAS	**City and State:** BURLESON TX 76028

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 2	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	68.9	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	74	82.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	55	61.1	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	61.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	63.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	5	5.6	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	34.4	42.2	37.7
Completely bedfast residents.	5	5.6	13.5	3.4
Residents confined to chairs.	38	42.2	52.2	50.8
Residents requiring restraints.	49	54.4	39.0	41.3
Confused or disoriented residents.	47	52.2	60.2	58.4
Residents with bed sores.	5	5.6	8.5	7.1
Residents receiving special skin care.	12	13.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SILVER HAVEN CARE CENTER

Street Address: 600 MAPLE		**City and State:** BURLESON TX 76028	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	94.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	102	89.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	66	57.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	75.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	82.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	33.3	31.6	29.3
Completely bedfast residents.	1	0.9	10.4	3.6
Residents confined to chairs.	44	38.6	46.1	39.1
Residents requiring restraints.	46	40.4	31.7	31.7
Confused or disoriented residents.	78	68.4	59.0	55.8
Residents with bed sores.	1	0.9	5.1	4.7
Residents receiving special skin care.	30	26.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE OAKS NH

Street Address: 507 W JACKSON	**City and State:** BURNET TX 78611

Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	95.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	54	75.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	54	75.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	75.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	79.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	30.6	31.6	29.3
Completely bedfast residents.	4	5.6	10.4	3.6
Residents confined to chairs.	50	69.4	46.1	39.1
Residents requiring restraints.	26	36.1	31.7	31.7
Confused or disoriented residents.	54	75.0	59.0	55.8
Residents with bed sores.	3	4.2	5.1	4.7
Residents receiving special skin care.	6	8.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE CALDWELL

Street Address: 701 N BROADWAY	**City and State:** CALDWELL TX 77836

Participation: MEDICAID ICF	**# of Beds:** 156	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
136	0	111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	97.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	127	93.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	90	66.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	72.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	74.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	20	14.7	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	39.0	31.6	29.3
Completely bedfast residents.	8	5.9	10.4	3.6
Residents confined to chairs.	88	64.7	46.1	39.1
Residents requiring restraints.	65	47.8	31.7	31.7
Confused or disoriented residents.	98	72.1	59.0	55.8
Residents with bed sores.	4	2.9	5.1	4.7
Residents receiving special skin care.	5	3.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALVERT NURSING CENTER

Street Address: 701 BROWNING STREET	**City and State:** CALVERT TX 77837

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	93.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	29	96.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	24	80.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	30.0	31.6	29.3
Completely bedfast residents.	3	10.0	10.4	3.6
Residents confined to chairs.	15	50.0	46.1	39.1
Residents requiring restraints.	11	36.7	31.7	31.7
Confused or disoriented residents.	29	96.7	59.0	55.8
Residents with bed sores.	2	6.7	5.1	4.7
Residents receiving special skin care.	5	16.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMERON NURSING HOME

Street Address: 700 E 11TH ST	**City and State:** CAMERON TX 76520

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	28	68.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	24	58.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	46.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	31.7	31.6	29.3
Completely bedfast residents.	1	2.4	10.4	3.6
Residents confined to chairs.	19	46.3	46.1	39.1
Residents requiring restraints.	9	22.0	31.7	31.7
Confused or disoriented residents.	41	100	59.0	55.8
Residents with bed sores.	1	2.4	5.1	4.7
Residents receiving special skin care.	8	19.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL NH

Street Address: 1002 E 10TH	**City and State:** CAMERON TX 76520

Participation: MEDICAID ICF	**# of Beds:** 84	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	62.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	63.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	47	57.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	59.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	56.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	28.0	31.6	29.3
Completely bedfast residents.	2	2.4	10.4	3.6
Residents confined to chairs.	33	40.2	46.1	39.1
Residents requiring restraints.	25	30.5	31.7	31.7
Confused or disoriented residents.	82	100	59.0	55.8
Residents with bed sores.	2	2.4	5.1	4.7
Residents receiving special skin care.	10	12.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDWARD ABRAHAM MEM HME INC

Street Address: 803 BIRCH	**City and State:** CANADIAN TX 79014

Participation: MEDICAID ICF	**# of Beds:** 59	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	96.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	35	68.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	29	56.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	98.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	37.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	29.4	31.6	29.3
Completely bedfast residents.	6	11.8	10.4	3.6
Residents confined to chairs.	16	31.4	46.1	39.1
Residents requiring restraints.	23	45.1	31.7	31.7
Confused or disoriented residents.	13	25.5	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	4	7.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTON NURSING CENTER

Street Address: 1661 SOUTH BUFFALO STREET	**City and State:** CANTON TX 75103

Participation: MEDICAID ICF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	95.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	36	59.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	36	59.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	59.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	42.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	16.4	31.6	29.3
Completely bedfast residents.	4	6.6	10.4	3.6
Residents confined to chairs.	23	37.7	46.1	39.1
Residents requiring restraints.	9	14.8	31.7	31.7
Confused or disoriented residents.	9	14.8	59.0	55.8
Residents with bed sores.	4	6.6	5.1	4.7
Residents receiving special skin care.	6	9.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR

Street Address: 901 WEST COLLEGE STREET	**City and State:** CANTON TX 75103

Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	83.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	67	63.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	62	59.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	50.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	33.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	28.6	31.6	29.3
Completely bedfast residents.	14	13.3	10.4	3.6
Residents confined to chairs.	37	35.2	46.1	39.1
Residents requiring restraints.	45	42.9	31.7	31.7
Confused or disoriented residents.	52	49.5	59.0	55.8
Residents with bed sores.	2	1.9	5.1	4.7
Residents receiving special skin care.	16	15.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN PLAINS CARE CENTER

Street Address: 15 HOSPITAL DRIVE		**City and State:** CANYON TX 79015	
Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
81	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	75.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	64	79.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	57	70.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	86.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.7	31.6	29.3
Completely bedfast residents.	23	28.4	10.4	3.6
Residents confined to chairs.	33	40.7	46.1	39.1
Residents requiring restraints.	24	29.6	31.7	31.7
Confused or disoriented residents.	28	34.6	59.0	55.8
Residents with bed sores.	12	14.8	5.1	4.7
Residents receiving special skin care.	12	14.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF CARRIZO SPRINGS

Street Address: 8TH AND CLARK STREETS		**City and State:** CARRIZO SPRINGS TX 78834	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
60	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	88.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	52	86.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	81.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	81.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	81.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	3.3	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	23.3	31.6	29.3
Completely bedfast residents.	6	10.0	10.4	3.6
Residents confined to chairs.	41	68.3	46.1	39.1
Residents requiring restraints.	31	51.7	31.7	31.7
Confused or disoriented residents.	32	53.3	59.0	55.8
Residents with bed sores.	9	15.0	5.1	4.7
Residents receiving special skin care.	22	36.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROOKHAVEN NSG CTR

Street Address: 1855 CHEYENNE		**City and State:** CARROLLTON TX 75010	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
154	8	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	9.1	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	146	94.8	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	140	90.9	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	90.3	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	140	90.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	51.9	42.2	37.7
Completely bedfast residents.	21	13.6	13.5	3.4
Residents confined to chairs.	107	69.5	52.2	50.8
Residents requiring restraints.	53	34.4	39.0	41.3
Confused or disoriented residents.	127	82.5	60.2	58.4
Residents with bed sores.	20	13.0	8.5	7.1
Residents receiving special skin care.	42	27.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARROLLTON MANOR

Street Address: 1618 KIRBY RD		**City and State:** CARROLLTON TX 75006	
Participation: MEDICAID ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	78.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	58	84.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	46	66.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	85.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	75.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	13.0	31.6	29.3
Completely bedfast residents.	2	2.9	10.4	3.6
Residents confined to chairs.	48	69.6	46.1	39.1
Residents requiring restraints.	27	39.1	31.7	31.7
Confused or disoriented residents.	49	71.0	59.0	55.8
Residents with bed sores.	3	4.3	5.1	4.7
Residents receiving special skin care.	6	8.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWOOD MANOR NURSING HOME

Street Address: 2135 DENTON DRIVE	**City and State:** CARROLLTON TX 75006

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 145	**Medicare Residents:** 0	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	97.2	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	80.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	91	62.8	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	69.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	62.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	22.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	98	67.6	46.1	39.1
Residents requiring restraints.	59	40.7	31.7	31.7
Confused or disoriented residents.	70	48.3	59.0	55.8
Residents with bed sores.	7	4.8	5.1	4.7
Residents receiving special skin care.	79	54.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE

Street Address: 701 S MARKET ST	**City and State:** CARTHAGE TX 75633

Participation: MEDICAID ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	70.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	55	64.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	50	58.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	49.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	47.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	29.4	31.6	29.3
Completely bedfast residents.	5	5.9	10.4	3.6
Residents confined to chairs.	30	35.3	46.1	39.1
Residents requiring restraints.	15	17.6	31.7	31.7
Confused or disoriented residents.	79	92.9	59.0	55.8
Residents with bed sores.	4	4.7	5.1	4.7
Residents receiving special skin care.	7	8.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PANOLA NH

Street Address: 501 COTTAGE RD	**City and State:** CARTHAGE TX 75633

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	94.3	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	77.4	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	74.5	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	75.5	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	69.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	30.2	42.2	37.7
Completely bedfast residents.	41	38.7	13.5	3.4
Residents confined to chairs.	11	10.4	52.2	50.8
Residents requiring restraints.	24	22.6	39.0	41.3
Confused or disoriented residents.	40	37.7	60.2	58.4
Residents with bed sores.	7	6.6	8.5	7.1
Residents receiving special skin care.	105	99.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR HILL NURSING CENTER

Street Address: 303 S CLARK RD		**City and State:** CEDAR HILL TX 75014	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
118	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	85.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	83	70.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	74	62.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	55.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	61.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	15.3	31.6	29.3
Completely bedfast residents.	1	0.8	10.4	3.6
Residents confined to chairs.	79	66.9	46.1	39.1
Residents requiring restraints.	48	40.7	31.7	31.7
Confused or disoriented residents.	53	44.9	59.0	55.8
Residents with bed sores.	4	3.4	5.1	4.7
Residents receiving special skin care.	25	21.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW HOPE MANOR

Street Address: 1623 WEST NEW HOPE DRIVE		**City and State:** CEDAR PARK TX 78613	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
3	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	33.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	1	33.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	1	33.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	33.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	33.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	1	33.3	46.1	39.1
Residents requiring restraints.	1	33.3	31.7	31.7
Confused or disoriented residents.	0	0.0	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	1	33.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELINDA CARE CENTER

Street Address: 601 OHIO CIRCLE	**City and State:** CELINA TX 75009

Participation: MEDICAID ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	0	0.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	49	90.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	90.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	70.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	46.3	31.6	29.3
Completely bedfast residents.	29	53.7	10.4	3.6
Residents confined to chairs.	8	14.8	46.1	39.1
Residents requiring restraints.	32	59.3	31.7	31.7
Confused or disoriented residents.	50	92.6	59.0	55.8
Residents with bed sores.	11	20.4	5.1	4.7
Residents receiving special skin care.	17	31.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES CONV CTR

Street Address: P. O. BOX 1470		**City and State:** CENTER TX 75935	
Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	61.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	62	79.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	62	79.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	79.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	67.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	5.1	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	44.9	31.6	29.3
Completely bedfast residents.	6	7.7	10.4	3.6
Residents confined to chairs.	39	50.0	46.1	39.1
Residents requiring restraints.	21	26.9	31.7	31.7
Confused or disoriented residents.	42	53.8	59.0	55.8
Residents with bed sores.	1	1.3	5.1	4.7
Residents receiving special skin care.	4	5.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLIDAY NURSING CENTER

Street Address: 100 HOLIDAY CIRCLE	**City and State:** CENTER TX 75935

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	84.3	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	90	74.4	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	80	66.1	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	64.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	67.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	41.3	42.2	37.7
Completely bedfast residents.	14	11.6	13.5	3.4
Residents confined to chairs.	54	44.6	52.2	50.8
Residents requiring restraints.	41	33.9	39.0	41.3
Confused or disoriented residents.	72	59.5	60.2	58.4
Residents with bed sores.	8	6.6	8.5	7.1
Residents receiving special skin care.	32	26.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE GROVE NURSING CENTER

Street Address: HALEY AVENUE AT LOOP 500	**City and State:** CENTER TX 75935

Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	56	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	56	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	50	89.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	57.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	53.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	35.7	31.6	29.3
Completely bedfast residents.	4	7.1	10.4	3.6
Residents confined to chairs.	37	66.1	46.1	39.1
Residents requiring restraints.	36	64.3	31.7	31.7
Confused or disoriented residents.	49	87.5	59.0	55.8
Residents with bed sores.	2	3.6	5.1	4.7
Residents receiving special skin care.	31	55.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE CENTERVILLE

Street Address: 103 TEAKWOOD DR	**City and State:** CENTERVILLE TX 75833

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	65	90.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	47	65.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	69.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	54.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	27.8	31.6	29.3
Completely bedfast residents.	12	16.7	10.4	3.6
Residents confined to chairs.	32	44.4	46.1	39.1
Residents requiring restraints.	21	29.2	31.7	31.7
Confused or disoriented residents.	41	56.9	59.0	55.8
Residents with bed sores.	10	13.9	5.1	4.7
Residents receiving special skin care.	1	1.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHANDLER NURSING CENTER

Street Address: ROUTE 2 BOX 2624	**City and State:** CHANDLER TX 75758

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	82.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	33	80.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	27	65.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	63.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	41.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	4.9	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	39.0	31.6	29.3
Completely bedfast residents.	5	12.2	10.4	3.6
Residents confined to chairs.	15	36.6	46.1	39.1
Residents requiring restraints.	10	24.4	31.7	31.7
Confused or disoriented residents.	19	46.3	59.0	55.8
Residents with bed sores.	4	9.8	5.1	4.7
Residents receiving special skin care.	9	22.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHILDRESS NURSING CENTER

Street Address: 1200 7TH ST NW		**City and State:** CHILDRESS TX 79201	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	85.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	55	85.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	55	85.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	85.9	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	71.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	20.3	31.6	29.3
Completely bedfast residents.	5	7.8	10.4	3.6
Residents confined to chairs.	42	65.6	46.1	39.1
Residents requiring restraints.	18	28.1	31.7	31.7
Confused or disoriented residents.	0	0.0	59.0	55.8
Residents with bed sores.	8	12.5	5.1	4.7
Residents receiving special skin care.	8	12.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TURNER NURSING HOME

Street Address: 1610 AVE G N W	**City and State:** CHILDRESS TX 79201

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	49.1	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	83.6	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	83.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	83.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	61.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	27.3	31.6	29.3
Completely bedfast residents.	23	41.8	10.4	3.6
Residents confined to chairs.	23	41.8	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	35	63.6	59.0	55.8
Residents with bed sores.	4	7.3	5.1	4.7
Residents receiving special skin care.	4	7.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IRIS HAVEN NURSING CONV CTR

Street Address: 914 SECOND	**City and State:** CHILLICOTHE TX 79225

Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	88.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	30	88.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	30	88.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	88.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	88.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	70.6	31.6	29.3
Completely bedfast residents.	10	29.4	10.4	3.6
Residents confined to chairs.	8	23.5	46.1	39.1
Residents requiring restraints.	18	52.9	31.7	31.7
Confused or disoriented residents.	34	100	59.0	55.8
Residents with bed sores.	3	8.8	5.1	4.7
Residents receiving special skin care.	20	58.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHRISTOVAL GOLDEN YEARS NH

Street Address: 116 MCKEE ST		**City and State:** CHRISTOVAL TX 76935	
Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	28	84.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	18	54.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	78.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	66.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	15.2	31.6	29.3
Completely bedfast residents.	2	6.1	10.4	3.6
Residents confined to chairs.	9	27.3	46.1	39.1
Residents requiring restraints.	4	12.1	31.7	31.7
Confused or disoriented residents.	11	33.3	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF CISCO

Street Address: 1404 FRONT ST	**City and State:** CISCO TX 76437

Participation: MEDICAID ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	68.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	39	72.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	34	63.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	63.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	61.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	18.5	31.6	29.3
Completely bedfast residents.	1	1.9	10.4	3.6
Residents confined to chairs.	26	48.1	46.1	39.1
Residents requiring restraints.	10	18.5	31.7	31.7
Confused or disoriented residents.	35	64.8	59.0	55.8
Residents with bed sores.	32	59.3	5.1	4.7
Residents receiving special skin care.	15	27.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL CTR NURSING HOME

Street Address: BOX 1007 HWY 70 N	**City and State:** CLARENDON TX 79226

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	72.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	34	79.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	31	72.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	65.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	46.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	18.6	31.6	29.3
Completely bedfast residents.	8	18.6	10.4	3.6
Residents confined to chairs.	20	46.5	46.1	39.1
Residents requiring restraints.	17	39.5	31.7	31.7
Confused or disoriented residents.	18	41.9	59.0	55.8
Residents with bed sores.	4	9.3	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLARKSVILLE NURSING CENTER

Street Address: 300 E BAKER ST		**City and State:** CLARKSVILLE TX 75426	
Participation: MEDICAID ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	78.6	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	77.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	82	70.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	62.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	56.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	3.4	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	27.4	31.6	29.3
Completely bedfast residents.	54	46.2	10.4	3.6
Residents confined to chairs.	25	21.4	46.1	39.1
Residents requiring restraints.	41	35.0	31.7	31.7
Confused or disoriented residents.	103	88.0	59.0	55.8
Residents with bed sores.	6	5.1	5.1	4.7
Residents receiving special skin care.	20	17.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALO DURO CONVALESCENT HOME INC

Street Address: 405 COLLINS		**City and State:** CLAUDE TX 79019	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	**Medicare Residents:** 2	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	78.2	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	83.6	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	81.8	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	83.6	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	74.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	52.7	42.2	37.7
Completely bedfast residents.	22	40.0	13.5	3.4
Residents confined to chairs.	20	36.4	52.2	50.8
Residents requiring restraints.	17	30.9	39.0	41.3
Confused or disoriented residents.	38	69.1	60.2	58.4
Residents with bed sores.	1	1.8	8.5	7.1
Residents receiving special skin care.	10	18.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLEBURNE HEALTH CARE CENTER

Street Address: 1108 WEST KILPATRICK		**City and State:** CLEBURNE TX 76031	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
111	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	69.4	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	75	67.6	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	64	57.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	44.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	44.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	26.1	42.2	37.7
Completely bedfast residents.	3	2.7	13.5	3.4
Residents confined to chairs.	49	44.1	52.2	50.8
Residents requiring restraints.	34	30.6	39.0	41.3
Confused or disoriented residents.	75	67.6	60.2	58.4
Residents with bed sores.	3	2.7	8.5	7.1
Residents receiving special skin care.	6	5.4	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR NRSNG AND CONV CTR

Street Address: 2035 N GRANBURY ST	**City and State:** CLEBURNE TX 76031

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 1	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	65.6	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	56	60.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	49	52.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.9	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	47.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	6	6.5	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	23.7	42.2	37.7
Completely bedfast residents.	1	1.1	13.5	3.4
Residents confined to chairs.	46	49.5	52.2	50.8
Residents requiring restraints.	18	19.4	39.0	41.3
Confused or disoriented residents.	38	40.9	60.2	58.4
Residents with bed sores.	6	6.5	8.5	7.1
Residents receiving special skin care.	51	54.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIRESIDE LODGE INC

Street Address: 301 LINCOLN PARK DR		**City and State:** CLEBURNE TX 76031	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	3	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	97.4	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	84	72.4	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	60	51.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	86.2	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	82.8	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	33.6	42.2	37.7
Completely bedfast residents.	6	5.2	13.5	3.4
Residents confined to chairs.	34	29.3	52.2	50.8
Residents requiring restraints.	4	3.4	39.0	41.3
Confused or disoriented residents.	107	92.2	60.2	58.4
Residents with bed sores.	5	4.3	8.5	7.1
Residents receiving special skin care.	8	6.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN AGE NURSING HOME

Street Address: 1102 WILLIAMS AVENUE	**City and State:** CLEBURNE TX 76031

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	64	76.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	64	76.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	76.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	76.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	29.8	31.6	29.3
Completely bedfast residents.	2	2.4	10.4	3.6
Residents confined to chairs.	41	48.8	46.1	39.1
Residents requiring restraints.	25	29.8	31.7	31.7
Confused or disoriented residents.	66	78.6	59.0	55.8
Residents with bed sores.	1	1.2	5.1	4.7
Residents receiving special skin care.	40	47.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GALAXY MANOR NH

Street Address: 903 E HOUSTON	**City and State:** CLEVELAND TX 77327

Participation: MEDICAID ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 0	**Medicaid Residents:** 140

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	96.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	110	72.8	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	99	65.6	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	82.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	68.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	3	2.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	39.7	31.6	29.3
Completely bedfast residents.	8	5.3	10.4	3.6
Residents confined to chairs.	91	60.3	46.1	39.1
Residents requiring restraints.	18	11.9	31.7	31.7
Confused or disoriented residents.	104	68.9	59.0	55.8
Residents with bed sores.	3	2.0	5.1	4.7
Residents receiving special skin care.	45	29.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFTON LUTHERAN SUNSET HOME

Street Address: COLLEGE HILL		**City and State:** CLIFTON TX 76634	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	92.7	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	136	76.8	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	112	63.3	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	56.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	53.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	32.2	42.2	37.7
Completely bedfast residents.	11	6.2	13.5	3.4
Residents confined to chairs.	87	49.2	52.2	50.8
Residents requiring restraints.	65	36.7	39.0	41.3
Confused or disoriented residents.	89	50.3	60.2	58.4
Residents with bed sores.	5	2.8	8.5	7.1
Residents receiving special skin care.	14	7.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOODALL WITCHER HOSPITAL FOUNDATION

Street Address: 101 SOUTH AVE T	**City and State:** CLIFTON TX 76634

Participation: MEDICARE SNF	**# of Beds:** 13	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	5	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	100	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	20.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	80.0	42.2	37.7
Completely bedfast residents.	1	20.0	13.5	3.4
Residents confined to chairs.	0	0.0	52.2	50.8
Residents requiring restraints.	1	20.0	39.0	41.3
Confused or disoriented residents.	1	20.0	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	0	0.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROSS HEALTHCARE CENTERS INC

Street Address: 914 NORTH HIGHWAY 288		**City and State:** CLUTE TX 77531	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
108	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	76.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	89	82.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	77	71.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	65.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	68.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	41	38.0	31.6	29.3
Completely bedfast residents.	10	9.3	10.4	3.6
Residents confined to chairs.	63	58.3	46.1	39.1
Residents requiring restraints.	34	31.5	31.7	31.7
Confused or disoriented residents.	62	57.4	59.0	55.8
Residents with bed sores.	6	5.6	5.1	4.7
Residents receiving special skin care.	27	25.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOD LAKE NURSING HOME

Street Address: 603 E PLANTATION	**City and State:** CLUTE TX 77531

Participation: MEDICAID ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	85.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	68	84.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	65	80.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	79.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	80.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	17	21.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	62	76.5	31.6	29.3
Completely bedfast residents.	1	1.2	10.4	3.6
Residents confined to chairs.	37	45.7	46.1	39.1
Residents requiring restraints.	33	40.7	31.7	31.7
Confused or disoriented residents.	59	72.8	59.0	55.8
Residents with bed sores.	6	7.4	5.1	4.7
Residents receiving special skin care.	9	11.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLYDE NURSING CENTER

Street Address: ROUTE 3 BOX 148 OLD HIGHWAY 80	**City and State:** CLYDE TX 79510

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	72.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	30	69.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	23	53.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	55.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	60.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	25.6	31.6	29.3
Completely bedfast residents.	4	9.3	10.4	3.6
Residents confined to chairs.	14	32.6	46.1	39.1
Residents requiring restraints.	5	11.6	31.7	31.7
Confused or disoriented residents.	23	53.5	59.0	55.8
Residents with bed sores.	4	9.3	5.1	4.7
Residents receiving special skin care.	6	14.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLEMAN CARE CENTER

Street Address: FM 53	**City and State:** COLEMAN TX 76834

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	95.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	69	95.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	62	86.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	83.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	69.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	58.3	31.6	29.3
Completely bedfast residents.	6	8.3	10.4	3.6
Residents confined to chairs.	39	54.2	46.1	39.1
Residents requiring restraints.	36	50.0	31.7	31.7
Confused or disoriented residents.	47	65.3	59.0	55.8
Residents with bed sores.	4	5.6	5.1	4.7
Residents receiving special skin care.	42	58.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE LODGE COLEMAN

Street Address: 2713 COMMERCIAL AVE	**City and State:** COLEMAN TX 76834

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	75.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	32	78.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	24	58.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	51.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	68.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	24.4	31.6	29.3
Completely bedfast residents.	5	12.2	10.4	3.6
Residents confined to chairs.	18	43.9	46.1	39.1
Residents requiring restraints.	12	29.3	31.7	31.7
Confused or disoriented residents.	12	29.3	59.0	55.8
Residents with bed sores.	1	2.4	5.1	4.7
Residents receiving special skin care.	4	9.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRAZOS VALLEY GERIATRIC CENTER

Street Address: 1115 ANDERSON ST	**City and State:** COLLEGE STATION TX 77840

Participation: MEDICAID ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	94.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	78.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	53.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	46.6	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	60.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	26.1	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	51	58.0	46.1	39.1
Residents requiring restraints.	24	27.3	31.7	31.7
Confused or disoriented residents.	58	65.9	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	21	23.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLINSVILLE CARE CENTER

Street Address:	**City and State:**
400 MAIN STREET P O BOX 51	COLLINSVILLE TX 76233

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	88	PROPRIETARY	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	50.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	69.0	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	60.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	53.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	51.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.9	31.6	29.3
Completely bedfast residents.	7	12.1	10.4	3.6
Residents confined to chairs.	25	43.1	46.1	39.1
Residents requiring restraints.	19	32.8	31.7	31.7
Confused or disoriented residents.	25	43.1	59.0	55.8
Residents with bed sores.	1	1.7	5.1	4.7
Residents receiving special skin care.	2	3.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KRISTI LEE MANOR INC

Street Address: 1941 CHESTNUT	**City and State:** COLORADO CITY TX 79512

Participation: MEDICAID ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	75.0	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	73.4	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	54.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	39.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	50.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	9.4	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	20	31.3	46.1	39.1
Residents requiring restraints.	12	18.8	31.7	31.7
Confused or disoriented residents.	49	76.6	59.0	55.8
Residents with bed sores.	2	3.1	5.1	4.7
Residents receiving special skin care.	9	14.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY FAIR LODGE

Street Address: 1541 CHESTNUT	**City and State:** COLORADO CITY TX 79512

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	93.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	48	98.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	42	85.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	69.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	49.0	31.6	29.3
Completely bedfast residents.	18	36.7	10.4	3.6
Residents confined to chairs.	19	38.8	46.1	39.1
Residents requiring restraints.	27	55.1	31.7	31.7
Confused or disoriented residents.	32	65.3	59.0	55.8
Residents with bed sores.	3	6.1	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVER OAKS CONVALESCENT CENTER

Street Address: 300 NORTH ST		**City and State:** COLUMBUS TX 78934	
Participation: MEDICAID ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	88.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	97.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	91.2	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	88.7	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	75.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	36.2	31.6	29.3
Completely bedfast residents.	2	2.5	10.4	3.6
Residents confined to chairs.	49	61.2	46.1	39.1
Residents requiring restraints.	38	47.5	31.7	31.7
Confused or disoriented residents.	44	55.0	59.0	55.8
Residents with bed sores.	3	3.7	5.1	4.7
Residents receiving special skin care.	35	43.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWEETBRIAR NH

Street Address: 103 SWEETBRIAR LN	**City and State:** COLUMBUS TX 78934

Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	86.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	73	86.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	54	64.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	54.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	61.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.2	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	39.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	12	14.3	46.1	39.1
Residents requiring restraints.	23	27.4	31.7	31.7
Confused or disoriented residents.	26	31.0	59.0	55.8
Residents with bed sores.	4	4.8	5.1	4.7
Residents receiving special skin care.	9	10.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN HILLS NURSING HOME

Street Address: ROUTE 5 BOX 26		**City and State:** COMANCHE TX 76442	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
149	2	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	59.1	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	69	46.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	59	39.6	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	38.3	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	42.3	70.1	68.2
Residents on individually written bowel and bladder retraining program.	5	3.4	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	18.1	42.2	37.7
Completely bedfast residents.	13	8.7	13.5	3.4
Residents confined to chairs.	61	40.9	52.2	50.8
Residents requiring restraints.	19	12.8	39.0	41.3
Confused or disoriented residents.	56	37.6	60.2	58.4
Residents with bed sores.	1	0.7	8.5	7.1
Residents receiving special skin care.	18	12.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMFORT GARDEN HM ENTERPRISES

Street Address: 700 FALTIN AVE		**City and State:** COMFORT TX 78013	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
BathING Residents requiring some or total assistance in bathing.	32	54.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	48	81.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	36	61.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	47.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	52.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	11.9	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	30	50.8	46.1	39.1
Residents requiring restraints.	10	16.9	31.7	31.7
Confused or disoriented residents.	46	78.0	59.0	55.8
Residents with bed sores.	1	1.7	5.1	4.7
Residents receiving special skin care.	3	5.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK MANOR

Street Address: 2901 STERLING HART DRIVE	**City and State:** COMMERCE TX 75428

Participation: MEDICAID ICF	**# of Beds:** 116	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	76.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	81	87.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	66.7	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	57.0	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	61.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	5	5.4	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	22.6	31.6	29.3
Completely bedfast residents.	2	2.2	10.4	3.6
Residents confined to chairs.	36	38.7	46.1	39.1
Residents requiring restraints.	25	26.9	31.7	31.7
Confused or disoriented residents.	89	95.7	59.0	55.8
Residents with bed sores.	5	5.4	5.1	4.7
Residents receiving special skin care.	93	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN HILLS CONV CENTER CONROE

Street Address: 2019 N FRAZIER		**City and State:** CONROE TX 77301	
Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	91.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	57	63.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	51	56.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	60.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	61.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	23.3	31.6	29.3
Completely bedfast residents.	30	33.3	10.4	3.6
Residents confined to chairs.	17	18.9	46.1	39.1
Residents requiring restraints.	27	30.0	31.7	31.7
Confused or disoriented residents.	33	36.7	59.0	55.8
Residents with bed sores.	6	6.7	5.1	4.7
Residents receiving special skin care.	24	26.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND MANOR

Street Address: 99 RIGBY OWEN ROAD	**City and State:** CONROE TX 77304

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	62.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	88	78.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	76	67.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	85.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	54.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	3.6	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	45	40.2	31.6	29.3
Completely bedfast residents.	3	2.7	10.4	3.6
Residents confined to chairs.	89	79.5	46.1	39.1
Residents requiring restraints.	37	33.0	31.7	31.7
Confused or disoriented residents.	33	29.5	59.0	55.8
Residents with bed sores.	3	2.7	5.1	4.7
Residents receiving special skin care.	55	49.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD MANOR NH

Street Address: HWY 64 WEST		**City and State:** COOPER TX 75432	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	78.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	59	72.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	44	53.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	51.2	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	50.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	39.0	31.6	29.3
Completely bedfast residents.	10	12.2	10.4	3.6
Residents confined to chairs.	39	47.6	46.1	39.1
Residents requiring restraints.	26	31.7	31.7	31.7
Confused or disoriented residents.	65	79.3	59.0	55.8
Residents with bed sores.	3	3.7	5.1	4.7
Residents receiving special skin care.	3	3.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELTA NH

Street Address: 101 SE 8TH ST	**City and State:** COOPER TX 75432

Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	77.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	28	80.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	22	62.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	51.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	68.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	17.1	31.6	29.3
Completely bedfast residents.	15	42.9	10.4	3.6
Residents confined to chairs.	4	11.4	46.1	39.1
Residents requiring restraints.	6	17.1	31.7	31.7
Confused or disoriented residents.	35	100	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WIND CREST NURSING CENTER INC

Street Address: 607 WEST AVE B	**City and State:** COPPERAS COVE TX 76522

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	89.1	84.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	86.6	83.7	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	84.0	74.0	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	72.3	73.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	73.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	58.0	42.2	37.7
Completely bedfast residents.	24	20.2	13.5	3.4
Residents confined to chairs.	67	56.3	52.2	50.8
Residents requiring restraints.	8	6.7	39.0	41.3
Confused or disoriented residents.	101	84.9	60.2	58.4
Residents with bed sores.	6	5.0	8.5	7.1
Residents receiving special skin care.	13	10.9	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALAMEDA OAKS NURSING CTR

Street Address: 1100 S ALAMEDA		**City and State:** CORPUS CHRISTI TX 78404	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	80.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	93	88.6	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	69	65.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	78.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	66.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	48.6	42.2	37.7
Completely bedfast residents.	4	3.8	13.5	3.4
Residents confined to chairs.	57	54.3	52.2	50.8
Residents requiring restraints.	36	34.3	39.0	41.3
Confused or disoriented residents.	40	38.1	60.2	58.4
Residents with bed sores.	8	7.6	8.5	7.1
Residents receiving special skin care.	19	18.1	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORPUS CHRISTI NURSING CENTER

Street Address: 5607 EVERHART ROAD		**City and State:** CORPUS CHRISTI TX 78411	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 204	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 2	**Medicaid Residents:** 114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	76.4	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	130	87.8	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	106	71.6	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	68.2	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	63.5	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	27.0	42.2	37.7
Completely bedfast residents.	12	8.1	13.5	3.4
Residents confined to chairs.	95	64.2	52.2	50.8
Residents requiring restraints.	50	33.8	39.0	41.3
Confused or disoriented residents.	85	57.4	60.2	58.4
Residents with bed sores.	12	8.1	8.5	7.1
Residents receiving special skin care.	16	10.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEL MAR HEALTH CARE CENTER

Street Address: 4130 SANTA ELENA	**City and State:** CORPUS CHRISTI TX 78405

Participation: MEDICAID ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	77.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	71	82.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	43	50.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	73.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	54.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	10	11.6	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	23.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	42	48.8	46.1	39.1
Residents requiring restraints.	30	34.9	31.7	31.7
Confused or disoriented residents.	62	72.1	59.0	55.8
Residents with bed sores.	2	2.3	5.1	4.7
Residents receiving special skin care.	30	34.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF CORPUS CHRISTI

Street Address: 202 FORTUNE DRIVE		**City and State:** CORPUS CHRISTI TX 78405	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	3	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	89.7	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	48	82.8	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	40	69.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	62.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	46.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.9	42.2	37.7
Completely bedfast residents.	4	6.9	13.5	3.4
Residents confined to chairs.	37	63.8	52.2	50.8
Residents requiring restraints.	10	17.2	39.0	41.3
Confused or disoriented residents.	30	51.7	60.2	58.4
Residents with bed sores.	6	10.3	8.5	7.1
Residents receiving special skin care.	10	17.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLHAVEN CORPUS CHRISTI

Street Address: 1314 3RD ST	**City and State:** CORPUS CHRISTI TX 78404

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 2	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	89.2	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	116	89.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	90	69.2	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	80.8	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	69.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	33.1	42.2	37.7
Completely bedfast residents.	25	19.2	13.5	3.4
Residents confined to chairs.	77	59.2	52.2	50.8
Residents requiring restraints.	47	36.2	39.0	41.3
Confused or disoriented residents.	104	80.0	60.2	58.4
Residents with bed sores.	6	4.6	8.5	7.1
Residents receiving special skin care.	57	43.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYNNHAVEN NURSING CENTER INC

Street Address: 3030 FIG ST		**City and State:** CORPUS CHRISTI TX 78404	
Participation: MEDICAID ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	93.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	98	86.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	74	64.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	67.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	68.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	53	46.5	31.6	29.3
Completely bedfast residents.	4	3.5	10.4	3.6
Residents confined to chairs.	62	54.4	46.1	39.1
Residents requiring restraints.	48	42.1	31.7	31.7
Confused or disoriented residents.	98	86.0	59.0	55.8
Residents with bed sores.	9	7.9	5.1	4.7
Residents receiving special skin care.	13	11.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RETAMA MANOR NURSING CENTER NORTH

Street Address: 2322 MORGAN		**City and State:** CORPUS CHRISTI TX 78405	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 7	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	90.1	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	110	84.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	95	72.5	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	67.2	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	70.2	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	84	64.1	42.2	37.7
Completely bedfast residents.	16	12.2	13.5	3.4
Residents confined to chairs.	79	60.3	52.2	50.8
Residents requiring restraints.	66	50.4	39.0	41.3
Confused or disoriented residents.	111	84.7	60.2	58.4
Residents with bed sores.	13	9.9	8.5	7.1
Residents receiving special skin care.	79	60.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RETIREMENT AND NURSING CTR

Street Address: 3050 SUNNYBROOK		**City and State:** CORPUS CHRISTI TX 78415	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 178	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
119	2	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	89.1	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	91	76.5	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	77	64.7	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	65.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	52.9	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	37.8	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	64	53.8	52.2	50.8
Residents requiring restraints.	48	40.3	39.0	41.3
Confused or disoriented residents.	55	46.2	60.2	58.4
Residents with bed sores.	16	13.4	8.5	7.1
Residents receiving special skin care.	64	53.8	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH PARK MANOR

Street Address: 3115 MCARDLE	**City and State:** CORPUS CHRISTI TX 78415

Participation: MEDICAID ICF	**# of Beds:** 194	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 0	**Medicaid Residents:** 124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	82.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	138	82.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	124	74.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	68.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	101	60.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	52	31.1	31.6	29.3
Completely bedfast residents.	3	1.8	10.4	3.6
Residents confined to chairs.	88	52.7	46.1	39.1
Residents requiring restraints.	65	38.9	31.7	31.7
Confused or disoriented residents.	103	61.7	59.0	55.8
Residents with bed sores.	3	1.8	5.1	4.7
Residents receiving special skin care.	18	10.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTWOOD MANOR

Street Address: 801 CANTWELL		**City and State:** CORPUS CHRISTI TX 78408	
Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
57	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	49	86.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	86.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	45.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	26.3	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	22	38.6	46.1	39.1
Residents requiring restraints.	6	10.5	31.7	31.7
Confused or disoriented residents.	12	21.1	59.0	55.8
Residents with bed sores.	7	12.3	5.1	4.7
Residents receiving special skin care.	7	12.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOLDRIDGE PLACE

Street Address: 7352 WOOLDRIDGE RD	**City and State:** CORPUS CHRISTI TX 78414

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	86.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	104	92.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	76	67.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	80.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	65.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	33.9	31.6	29.3
Completely bedfast residents.	33	29.5	10.4	3.6
Residents confined to chairs.	32	28.6	46.1	39.1
Residents requiring restraints.	26	23.2	31.7	31.7
Confused or disoriented residents.	53	47.3	59.0	55.8
Residents with bed sores.	1	0.9	5.1	4.7
Residents receiving special skin care.	24	21.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINEYWOOD ACRES NURSING HOME

Street Address: 300 E HOSPITAL ST		**City and State:** CORRIGAN TX 79539	
Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	98.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	57	71.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	56	70.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	65.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	72.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	10.0	31.6	29.3
Completely bedfast residents.	5	6.3	10.4	3.6
Residents confined to chairs.	52	65.0	46.1	39.1
Residents requiring restraints.	16	20.0	31.7	31.7
Confused or disoriented residents.	66	82.5	59.0	55.8
Residents with bed sores.	4	5.0	5.1	4.7
Residents receiving special skin care.	26	32.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORSICANA NURSING HOME

Street Address: 1500 N 45TH		**City and State:** CORSICANA TX 75110	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
104	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	97	93.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	97	93.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	93.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	97	93.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	34.6	31.6	29.3
Completely bedfast residents.	6	5.8	10.4	3.6
Residents confined to chairs.	36	34.6	46.1	39.1
Residents requiring restraints.	45	43.3	31.7	31.7
Confused or disoriented residents.	52	50.0	59.0	55.8
Residents with bed sores.	2	1.9	5.1	4.7
Residents receiving special skin care.	2	1.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEL HAVEN CONVALESCENT HOME

Street Address: 901 E 16TH BOX 510	**City and State:** CORSICANA TX 75110

Participation: MEDICAID ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	98.9	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	82.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	57.9	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	64.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	69.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	25.3	31.6	29.3
Completely bedfast residents.	5	5.3	10.4	3.6
Residents confined to chairs.	43	45.3	46.1	39.1
Residents requiring restraints.	40	42.1	31.7	31.7
Confused or disoriented residents.	60	63.2	59.0	55.8
Residents with bed sores.	5	5.3	5.1	4.7
Residents receiving special skin care.	15	15.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHSIDE NURSING CENTER

Street Address: 106 W GORMAN AVE		**City and State:** CORSICANA TX 75110	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	69.6	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	30	65.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	28	60.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	58.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	52.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.4	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	23	50.0	46.1	39.1
Residents requiring restraints.	12	26.1	31.7	31.7
Confused or disoriented residents.	17	37.0	59.0	55.8
Residents with bed sores.	3	6.5	5.1	4.7
Residents receiving special skin care.	5	10.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK ROW HEALTH CARE CENTER

Street Address: 3301 PARK ROW	**City and State:** CORSICANA TX 75110

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	67.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	68	84.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	58	71.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	87.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	79.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	2	2.5	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	32.1	31.6	29.3
Completely bedfast residents.	19	23.5	10.4	3.6
Residents confined to chairs.	27	33.3	46.1	39.1
Residents requiring restraints.	10	12.3	31.7	31.7
Confused or disoriented residents.	8	9.9	59.0	55.8
Residents with bed sores.	1	1.2	5.1	4.7
Residents receiving special skin care.	20	24.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWILIGHT HOME

Street Address: 3001 WEST FOURTH AVE	**City and State:** CORSICANA TX 75110

Participation: MEDICAID ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	87.1	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	89	88.1	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	84.2	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	73.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	4	4.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	36.6	31.6	29.3
Completely bedfast residents.	6	5.9	10.4	3.6
Residents confined to chairs.	62	61.4	46.1	39.1
Residents requiring restraints.	36	35.6	31.7	31.7
Confused or disoriented residents.	76	75.2	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	36	35.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN MANOR NH

Street Address: 1205 S SUE ST	**City and State:** CRANE TX 79731

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	70.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	17	70.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	13	54.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	50.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	50.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	3	12.5	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	12	50.0	46.1	39.1
Residents requiring restraints.	6	25.0	31.7	31.7
Confused or disoriented residents.	10	41.7	59.0	55.8
Residents with bed sores.	4	16.7	5.1	4.7
Residents receiving special skin care.	12	50.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROCKETT CARE CENTER

Street Address: LOOP 304 EAST		**City and State:** CROCKETT TX 75835	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	3	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	97.7	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	79	91.9	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	58	67.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	68.6	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	74.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	39.5	42.2	37.7
Completely bedfast residents.	24	27.9	13.5	3.4
Residents confined to chairs.	34	39.5	52.2	50.8
Residents requiring restraints.	18	20.9	39.0	41.3
Confused or disoriented residents.	35	40.7	60.2	58.4
Residents with bed sores.	8	9.3	8.5	7.1
Residents receiving special skin care.	14	16.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOUSTON COUNTY NH INC

Street Address: 210 E PEASE	**City and State:** CROCKETT TX 75835

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	98.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	43	87.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	37	75.5	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	75.5	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	63.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	46.9	31.6	29.3
Completely bedfast residents.	11	22.4	10.4	3.6
Residents confined to chairs.	18	36.7	46.1	39.1
Residents requiring restraints.	16	32.7	31.7	31.7
Confused or disoriented residents.	31	63.3	59.0	55.8
Residents with bed sores.	2	4.1	5.1	4.7
Residents receiving special skin care.	8	16.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITEHALL NURSING CTR INC

Street Address: 1116 EAST LOOP 304	**City and State:** CROCKETT TX 75835

Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	68.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	56	81.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	54	78.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	62.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	68.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	34	49.3	31.6	29.3
Completely bedfast residents.	21	30.4	10.4	3.6
Residents confined to chairs.	22	31.9	46.1	39.1
Residents requiring restraints.	43	62.3	31.7	31.7
Confused or disoriented residents.	58	84.1	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	43	62.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROSBYTON CARE CENTER

Street Address: 222 NORTH FARMER	**City and State:** CROSBYTON TX 79332

Participation: MEDICAID ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	95.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	39	81.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	28	58.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	81.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	41.7	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	10.4	31.6	29.3
Completely bedfast residents.	1	2.1	10.4	3.6
Residents confined to chairs.	13	27.1	46.1	39.1
Residents requiring restraints.	9	18.8	31.7	31.7
Confused or disoriented residents.	19	39.6	59.0	55.8
Residents with bed sores.	2	4.2	5.1	4.7
Residents receiving special skin care.	5	10.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL OAKS NURS HME

Street Address: 1431 E 14TH AND AVE A	**City and State:** CROSS PLAINS TX 76443

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	69.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	32	82.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	21	53.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	89.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	51.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	28.2	31.6	29.3
Completely bedfast residents.	1	2.6	10.4	3.6
Residents confined to chairs.	14	35.9	46.1	39.1
Residents requiring restraints.	9	23.1	31.7	31.7
Confused or disoriented residents.	26	66.7	59.0	55.8
Residents with bed sores.	1	2.6	5.1	4.7
Residents receiving special skin care.	5	12.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REOUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROWELL NURSING CENTER

Street Address: 200 SOUTH AVE B		**City and State:** CROWELL TX 79227	
Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	48.7	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	61.5	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	56.4	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	56.4	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	41.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	35.9	31.6	29.3
Completely bedfast residents.	3	7.7	10.4	3.6
Residents confined to chairs.	16	41.0	46.1	39.1
Residents requiring restraints.	16	41.0	31.7	31.7
Confused or disoriented residents.	14	35.9	59.0	55.8
Residents with bed sores.	4	10.3	5.1	4.7
Residents receiving special skin care.	4	10.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RETAMA MANOR NURSING CTR EAST

Street Address: 1010 MACARTHUR		**City and State:** CUERO TX 77954	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	46	93.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	39	79.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	44	89.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	79.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	89.8	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	25	51.0	46.1	39.1
Residents requiring restraints.	35	71.4	31.7	31.7
Confused or disoriented residents.	5	10.2	59.0	55.8
Residents with bed sores.	2	4.1	5.1	4.7
Residents receiving special skin care.	49	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RETAMA MANOR NURSING CTR WEST

Street Address: HIGHWAY 77A

City and State: CUERO TX 77954

Participation: MEDICAID ICF

# of Beds: 98

Type of Ownership: PROPRIETARY

Survey Date: 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87

Medicare Residents: 0

Medicaid Residents: 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	100	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	78.2	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	67	77.0	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	82.8	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	79.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	21.8	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	65	74.7	46.1	39.1
Residents requiring restraints.	53	60.9	31.7	31.7
Confused or disoriented residents.	87	100	59.0	55.8
Residents with bed sores.	3	3.4	5.1	4.7
Residents receiving special skin care.	87	100	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUSHING CARE CENTER INC

Street Address: HIGHWAY 225 NORTH P O BOX 338	**City and State:** CUSHING TX 75760

Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	56.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	56	64.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	41	47.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	43.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	37.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	35.6	31.6	29.3
Completely bedfast residents.	17	19.5	10.4	3.6
Residents confined to chairs.	27	31.0	46.1	39.1
Residents requiring restraints.	22	25.3	31.7	31.7
Confused or disoriented residents.	87	100	59.0	55.8
Residents with bed sores.	4	4.6	5.1	4.7
Residents receiving special skin care.	9	10.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINECREST CONVALESCENT HOME

Street Address: P O BOX 519	**City and State:** DAINGERFIELD TX 75638

Participation: MEDICAID ICF	**# of Beds:** 117	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	55	70.5	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	62.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	62.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	55.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	33.3	31.6	29.3
Completely bedfast residents.	21	26.9	10.4	3.6
Residents confined to chairs.	23	29.5	46.1	39.1
Residents requiring restraints.	22	28.2	31.7	31.7
Confused or disoriented residents.	70	89.7	59.0	55.8
Residents with bed sores.	4	5.1	5.1	4.7
Residents receiving special skin care.	16	20.5	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COON MEMORIAL HM

Street Address: 210 TEXAS BLVD		**City and State:** DALHART TX 79022	
Participation: MEDICAID ICF	**# of Beds:** 88	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	74.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	59	74.7	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	49	62.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	65.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	43.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	31.6	31.6	29.3
Completely bedfast residents.	1	1.3	10.4	3.6
Residents confined to chairs.	56	70.9	46.1	39.1
Residents requiring restraints.	25	31.6	31.7	31.7
Confused or disoriented residents.	21	26.6	59.0	55.8
Residents with bed sores.	3	3.8	5.1	4.7
Residents receiving special skin care.	19	24.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN CARE CLIFF GARDENS

Street Address: 801 WEST 10TH STREET		**City and State:** DALLAS TX 75208	
Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
32	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	96.9	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	31	96.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	30	93.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	90.6	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	87.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	25.0	31.6	29.3
Completely bedfast residents.	11	34.4	10.4	3.6
Residents confined to chairs.	14	43.8	46.1	39.1
Residents requiring restraints.	16	50.0	31.7	31.7
Confused or disoriented residents.	27	84.4	59.0	55.8
Residents with bed sores.	2	6.3	5.1	4.7
Residents receiving special skin care.	2	6.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAYLOR UNIVERSITY MEDICAL CENTER SNF

Street Address: 3500 GASTON AVE	**City and State:** DALLAS TX 75246

Participation: MEDICARE SNF	**# of Beds:** 32	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 19	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	95.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	19	95.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	19	95.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	95.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	50.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	55.0	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	12	60.0	52.2	50.8
Residents requiring restraints.	1	5.0	39.0	41.3
Confused or disoriented residents.	2	10.0	60.2	58.4
Residents with bed sores.	3	15.0	8.5	7.1
Residents receiving special skin care.	8	40.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD PLACE I

Street Address: 8069 SCYENE CIRCLE	**City and State:** DALLAS TX 75227

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	96.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	95	95.0	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	95	95.0	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	95.0	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	95.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	81	81.0	42.2	37.7
Completely bedfast residents.	69	69.0	13.5	3.4
Residents confined to chairs.	14	14.0	52.2	50.8
Residents requiring restraints.	99	99.0	39.0	41.3
Confused or disoriented residents.	79	79.0	60.2	58.4
Residents with bed sores.	14	14.0	8.5	7.1
Residents receiving special skin care.	100	100	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD PLACE THREE

Street Address: 8039 SCYENE CIRCLE	**City and State:** DALLAS TX 75227

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 2	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	50.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	2	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	2	100	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	50.0	31.6	29.3
Completely bedfast residents.	1	50.0	10.4	3.6
Residents confined to chairs.	0	0.0	46.1	39.1
Residents requiring restraints.	1	50.0	31.7	31.7
Confused or disoriented residents.	1	50.0	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	0	0.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENTWOOD PLACE TWO

Street Address: 8059 SCYENE CIRCLE		**City and State:** DALLAS TX 75227	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	116	100	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	116	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	87	75.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	75.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	75.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	11.2	31.6	29.3
Completely bedfast residents.	4	3.4	10.4	3.6
Residents confined to chairs.	86	74.1	46.1	39.1
Residents requiring restraints.	20	17.2	31.7	31.7
Confused or disoriented residents.	100	86.2	59.0	55.8
Residents with bed sores.	4	3.4	5.1	4.7
Residents receiving special skin care.	25	21.6	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRYAN MANOR N H

Street Address: 3401 BRYAN ST	**City and State:** DALLAS TX 75204

Participation: MEDICAID ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	70.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	65	84.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	61	79.2	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	59.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	62.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	32	41.6	31.6	29.3
Completely bedfast residents.	2	2.6	10.4	3.6
Residents confined to chairs.	37	48.1	46.1	39.1
Residents requiring restraints.	29	37.7	31.7	31.7
Confused or disoriented residents.	42	54.5	59.0	55.8
Residents with bed sores.	4	5.2	5.1	4.7
Residents receiving special skin care.	45	58.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCKNER BAPTIST RYBURN NURSING CTR

Street Address:	City and State:
4810 SAMUEL BOULEVARD	DALLAS TX 75228

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	NON-PROFIT PRIVATE	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	77.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	89	78.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	97	85.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	67.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	69.0	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	22.1	31.6	29.3
Completely bedfast residents.	3	2.7	10.4	3.6
Residents confined to chairs.	57	50.4	46.1	39.1
Residents requiring restraints.	46	40.7	31.7	31.7
Confused or disoriented residents.	72	63.7	59.0	55.8
Residents with bed sores.	3	2.7	5.1	4.7
Residents receiving special skin care.	15	13.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
C C YOUNG MEM HME

Street Address: 4829 W LAWTHER DR	**City and State:** DALLAS TX 75214

Participation: MEDICAID ICF	**# of Beds:** 244	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 225	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	199	88.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	194	86.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	180	80.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	28.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	182	80.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	85	37.8	31.6	29.3
Completely bedfast residents.	42	18.7	10.4	3.6
Residents confined to chairs.	114	50.7	46.1	39.1
Residents requiring restraints.	106	47.1	31.7	31.7
Confused or disoriented residents.	134	59.6	59.0	55.8
Residents with bed sores.	19	8.4	5.1	4.7
Residents receiving special skin care.	52	23.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

NURSING HOME PROFILE
C C YOUNG MEM HME

Street Address: 4829 W LAWTHER DR	**City and State:** DALLAS TX 75214

Participation: MEDICAID ICF	**# of Beds:** 244	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 225	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	199	88.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	194	86.2	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	180	80.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	28.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	182	80.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	85	37.8	31.6	29.3
Completely bedfast residents.	42	18.7	10.4	3.6
Residents confined to chairs.	114	50.7	46.1	39.1
Residents requiring restraints.	106	47.1	31.7	31.7
Confused or disoriented residents.	134	59.6	59.0	55.8
Residents with bed sores.	19	8.4	5.1	4.7
Residents receiving special skin care.	52	23.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFF TOWERS NURS HME

Street Address: 329 E COLORADO BLVD		**City and State:** DALLAS TX 75203	
Participation: MEDICAID ICF	**# of Beds:** 185	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
165	0	145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	50.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	105	63.6	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	104	63.0	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	63.0	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	55.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	85	51.5	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	62	37.6	46.1	39.1
Residents requiring restraints.	44	26.7	31.7	31.7
Confused or disoriented residents.	137	83.0	59.0	55.8
Residents with bed sores.	11	6.7	5.1	4.7
Residents receiving special skin care.	16	9.7	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRYSTAL HILL NH

Street Address: 630 ELSBETH AVE	**City and State:** DALLAS TX 75208

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	74.5	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	40	78.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	41	80.4	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	80.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	84.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	21.6	31.6	29.3
Completely bedfast residents.	1	2.0	10.4	3.6
Residents confined to chairs.	35	68.6	46.1	39.1
Residents requiring restraints.	5	9.8	31.7	31.7
Confused or disoriented residents.	45	88.2	59.0	55.8
Residents with bed sores.	0	0.0	5.1	4.7
Residents receiving special skin care.	2	3.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DALLAS HOME FOR JEWISH AGED

Street Address: 2525 CENTERVILLE ROAD		**City and State:** DALLAS TX 75228	
Participation: MEDICAID ICF	**# of Beds:** 265	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 249	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	195	78.3	81.7	78.3
Dressing				
Residents requiring some or total assistance in dressing.	191	76.7	77.7	76.7
Toileting				
Residents requiring some or total assistance in toileting.	165	66.3	66.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	63.1	64.7	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	64.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	61	24.5	1.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	28.1	31.6	29.3
Completely bedfast residents.	132	53.0	10.4	3.6
Residents confined to chairs.	4	1.6	46.1	39.1
Residents requiring restraints.	96	38.6	31.7	31.7
Confused or disoriented residents.	181	72.7	59.0	55.8
Residents with bed sores.	16	6.4	5.1	4.7
Residents receiving special skin care.	55	22.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR PARK HEALTH CARE CTR

Street Address: 2815 MARTIN LUTHER KING BLVD		**City and State:** DALLAS TX 75215	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	78.8	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	82	78.8	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	82	78.8	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	53.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	63.5	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	15.4	31.6	29.3
Completely bedfast residents.	13	12.5	10.4	3.6
Residents confined to chairs.	43	41.3	46.1	39.1
Residents requiring restraints.	33	31.7	31.7	31.7
Confused or disoriented residents.	49	47.1	59.0	55.8
Residents with bed sores.	3	2.9	5.1	4.7
Residents receiving special skin care.	25	24.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR SEASONS NURSING CTR OF DALLAS

Street Address: 3326 BURGOYNE		**City and State:** DALLAS TX 75233	
Participation: MEDICARE SNF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
6	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	6	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	6	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	100	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	100	42.2	37.7
Completely bedfast residents.	5	83.3	13.5	3.4
Residents confined to chairs.	0	0.0	52.2	50.8
Residents requiring restraints.	6	100	39.0	41.3
Confused or disoriented residents.	3	50.0	60.2	58.4
Residents with bed sores.	1	16.7	8.5	7.1
Residents receiving special skin care.	1	16.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARRETT PARK MANOR

Street Address: 1407 N GARRETT	**City and State:** DALLAS TX 75206

Participation: MEDICAID ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	87.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	47	87.0	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	41	75.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	64.8	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	72.2	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	22.2	31.6	29.3
Completely bedfast residents.	5	9.3	10.4	3.6
Residents confined to chairs.	20	37.0	46.1	39.1
Residents requiring restraints.	16	29.6	31.7	31.7
Confused or disoriented residents.	31	57.4	59.0	55.8
Residents with bed sores.	1	1.9	5.1	4.7
Residents receiving special skin care.	12	22.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENERY REHAB GROUP

Street Address: 7850 BROOKHOLLOW RD	**City and State:** DALLAS TX 75235

Participation: MEDICARE SNF	**# of Beds:** 66	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	1	7.7	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	12	92.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	11	84.6	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	76.9	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	84.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	84.6	42.2	37.7
Completely bedfast residents.	0	0.0	13.5	3.4
Residents confined to chairs.	10	76.9	52.2	50.8
Residents requiring restraints.	7	53.8	39.0	41.3
Confused or disoriented residents.	3	23.1	60.2	58.4
Residents with bed sores.	2	15.4	8.5	7.1
Residents receiving special skin care.	6	46.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE FOREST LANE

Street Address: 9009 FOREST LANE	**City and State:** DALLAS TX 75243

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	95	88.0	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	80	74.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	73	67.6	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	59.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	55.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	17.6	31.6	29.3
Completely bedfast residents.	8	7.4	10.4	3.6
Residents confined to chairs.	68	63.0	46.1	39.1
Residents requiring restraints.	43	39.8	31.7	31.7
Confused or disoriented residents.	75	69.4	59.0	55.8
Residents with bed sores.	5	4.6	5.1	4.7
Residents receiving special skin care.	28	25.9	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLIDAY HILLS RET NURS CTR

Street Address: 2428 BAHAMA DRIVE	**City and State:** DALLAS TX 75211

Participation: MEDICAID ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	103	83.1	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	102	82.3	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	83	66.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	59.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	66.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	25.0	31.6	29.3
Completely bedfast residents.	7	5.6	10.4	3.6
Residents confined to chairs.	63	50.8	46.1	39.1
Residents requiring restraints.	28	22.6	31.7	31.7
Confused or disoriented residents.	71	57.3	59.0	55.8
Residents with bed sores.	6	4.8	5.1	4.7
Residents receiving special skin care.	19	15.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JULIETTE FOWLER HOMES INC

Street Address: 100 SOUTH FULTON ST	**City and State:** DALLAS TX 75214

Participation: MEDICAID ICF	**# of Beds:** 131	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	58.2	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	78	63.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	56	45.9	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	37.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	43.4	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	60	49.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	55	45.1	46.1	39.1
Residents requiring restraints.	27	22.1	31.7	31.7
Confused or disoriented residents.	23	18.9	59.0	55.8
Residents with bed sores.	4	3.3	5.1	4.7
Residents receiving special skin care.	28	23.0	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENWOOD NURSING HOME INC

Street Address: 2922 DUNCANVILLE ROAD		**City and State:** DALLAS TX 75211	
Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	66.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	43	75.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	42	73.7	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	50.9	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	31.6	31.6	29.3
Completely bedfast residents.	10	17.5	10.4	3.6
Residents confined to chairs.	20	35.1	46.1	39.1
Residents requiring restraints.	20	35.1	31.7	31.7
Confused or disoriented residents.	54	94.7	59.0	55.8
Residents with bed sores.	1	1.8	5.1	4.7
Residents receiving special skin care.	9	15.8	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDICAL PLAZA HOSPITAL

Street Address: 1111 GALLAGHER ROAD PO BOX 910017	**City and State:** DALLAS TX 75391

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	10	NON-PROFIT OTHER	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
5	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	80.0	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	60.0	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	40.0	42.2	37.7
Completely bedfast residents.	1	20.0	13.5	3.4
Residents confined to chairs.	1	20.0	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	0	0.0	60.2	58.4
Residents with bed sores.	0	0.0	8.5	7.1
Residents receiving special skin care.	1	20.0	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHAVEN NURSING CTR

Street Address: 11301 DENNIS RD		**City and State:** DALLAS TX 75229	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 208	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 111

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	158	98.7	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	146	91.2	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	127	79.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	73.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	129	80.6	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	32.5	42.2	37.7
Completely bedfast residents.	8	5.0	13.5	3.4
Residents confined to chairs.	43	26.9	52.2	50.8
Residents requiring restraints.	138	86.2	39.0	41.3
Confused or disoriented residents.	136	85.0	60.2	58.4
Residents with bed sores.	28	17.5	8.5	7.1
Residents receiving special skin care.	28	17.5	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESBYTERIAN VILLAGE INC

Street Address: 550 ANN ARBOR		**City and State:** DALLAS TX 75216	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
64	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	96.9	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	46	71.9	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	37	57.8	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	84.4	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	48.4	70.1	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	35.9	42.2	37.7
Completely bedfast residents.	10	15.6	13.5	3.4
Residents confined to chairs.	15	23.4	52.2	50.8
Residents requiring restraints.	26	40.6	39.0	41.3
Confused or disoriented residents.	40	62.5	60.2	58.4
Residents with bed sores.	6	9.4	8.5	7.1
Residents receiving special skin care.	11	17.2	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH DALLAS NURSING HOME

Street Address: 3808 SO CENT EXPWY	**City and State:** DALLAS TX 75215

Participation: MEDICAID ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	98.7	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	60	78.9	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	70	92.1	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	92.1	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	81.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	21.1	31.6	29.3
Completely bedfast residents.	8	10.5	10.4	3.6
Residents confined to chairs.	33	43.4	46.1	39.1
Residents requiring restraints.	2	2.6	31.7	31.7
Confused or disoriented residents.	76	100	59.0	55.8
Residents with bed sores.	4	5.3	5.1	4.7
Residents receiving special skin care.	4	5.3	23.2	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PAUL MEDICAL CENTER

Street Address: 1950 RECORD CROSSING		**City and State:** DALLAS TX 75235	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 155	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 16	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	92.6	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	78	96.3	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	74	91.4	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	95.1	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	90.1	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	61.7	42.2	37.7
Completely bedfast residents.	3	3.7	13.5	3.4
Residents confined to chairs.	42	51.9	52.2	50.8
Residents requiring restraints.	23	28.4	39.0	41.3
Confused or disoriented residents.	52	64.2	60.2	58.4
Residents with bed sores.	8	9.9	8.5	7.1
Residents receiving special skin care.	54	66.7	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYVALE MANOR 2

Street Address: 5300 HOUSTON SCHOOL ROAD BOX 41389	**City and State:** DALLAS TX 75241

Participation: MEDICAID ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	**Medicare Residents:** 0	**Medicaid Residents:** 130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	161	96.4	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	161	96.4	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	124	74.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	65.3	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	122	73.1	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	13.2	31.6	29.3
Completely bedfast residents.	0	0.0	10.4	3.6
Residents confined to chairs.	94	56.3	46.1	39.1
Residents requiring restraints.	41	24.6	31.7	31.7
Confused or disoriented residents.	166	99.4	59.0	55.8
Residents with bed sores.	5	3.0	5.1	4.7
Residents receiving special skin care.	4	2.4	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET MANOR

Street Address: 7626 FERGUSON RD		**City and State:** DALLAS TX 75228	
Participation: MEDICAID ICF	**# of Beds:** 92	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
72	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	83.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	72	100	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	42	58.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	100	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	73.6	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	26.4	31.6	29.3
Completely bedfast residents.	15	20.8	10.4	3.6
Residents confined to chairs.	31	43.1	46.1	39.1
Residents requiring restraints.	16	22.2	31.7	31.7
Confused or disoriented residents.	39	54.2	59.0	55.8
Residents with bed sores.	3	4.2	5.1	4.7
Residents receiving special skin care.	8	11.1	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a systém that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE CONVALESCENT CENTER

Street Address: 4005 GASTON AVE	**City and State:** DALLAS TX 75246

Participation: MEDICAID ICF	**# of Beds:** 244	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	**Medicare Residents:** 0	**Medicaid Residents:** 124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	83.3	81.7	78.3
Dressing Residents requiring some or total assistance in dressing.	116	84.1	77.7	76.7
Toileting Residents requiring some or total assistance in toileting.	97	70.3	66.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	66.7	64.7	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	54.3	61.6	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	1.7	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	82	59.4	31.6	29.3
Completely bedfast residents.	45	32.6	10.4	3.6
Residents confined to chairs.	84	60.9	46.1	39.1
Residents requiring restraints.	0	0.0	31.7	31.7
Confused or disoriented residents.	92	66.7	59.0	55.8
Residents with bed sores.	7	5.1	5.1	4.7
Residents receiving special skin care.	130	94.2	23.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	3	0.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	0	0.0	198	3.6
Each resident is free from mental and physical abuse.	MET	2	0.3	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	2	0.3	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	58	7.5	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	4	0.5	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.3	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.1	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	42	5.5	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	90	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	108	14.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	34	4.4	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	29	3.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	59	7.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	12	1.6	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	45	5.9	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	6.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	184	23.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	41	5.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	7	0.9	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	35	4.6	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	32	4.2	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	40	5.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	61	7.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	7.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	37	4.8	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	165	21.5	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE MEADOWGREEN

Street Address: 8383 MEADOW ROAD	**City and State:** DALLAS TX 75231

Participation: MEDICARE SNF	**# of Beds:** 232	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 12	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	12	100	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	12	100	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	66.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	58.3	42.2	37.7
Completely bedfast residents.	2	16.7	13.5	3.4
Residents confined to chairs.	2	16.7	52.2	50.8
Residents requiring restraints.	0	0.0	39.0	41.3
Confused or disoriented residents.	1	8.3	60.2	58.4
Residents with bed sores.	4	33.3	8.5	7.1
Residents receiving special skin care.	4	33.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR CARE CENTER

Street Address: 310 E LAWRENCE		**City and State:** DAYTON TX 77535	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	75.4	84.3	81.5
Dressing Residents requiring some or total assistance in dressing.	43	75.4	83.7	83.2
Toileting Residents requiring some or total assistance in toileting.	44	77.2	74.0	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	82.5	73.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	80.7	70.1	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	1.3	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	64.9	42.2	37.7
Completely bedfast residents.	25	43.9	13.5	3.4
Residents confined to chairs.	7	12.3	52.2	50.8
Residents requiring restraints.	16	28.1	39.0	41.3
Confused or disoriented residents.	13	22.8	60.2	58.4
Residents with bed sores.	15	26.3	8.5	7.1
Residents receiving special skin care.	15	26.3	25.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	5	1.8	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	3	1.1	518	5.5
Each resident is free from mental and physical abuse.	MET	1	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	1.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	22	8.0	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.7	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	18	6.5	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	46	16.7	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	36	13.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	5.5	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	7	2.5	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	24	8.7	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	21	7.6	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	21	7.6	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	9.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	74	26.9	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	7	2.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	1	0.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	4.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	10	3.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	9	3.3	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	13	4.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	29	10.5	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	20	7.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	21	7.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	15	5.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	15	5.5	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	60	21.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

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